



# Essex Animal Hospital

355 Talbot Street North • Essex, ON N8M 2W4, Canada  
519-776-7325

<b>PLEASE PRINT CLEARLY</b>		<b>Date:</b>
<b>Your Name:</b>		<b>Spouse's Name:</b>
<b>Street Address:</b>		<b>Apt. No.:</b>
<b>City:</b>		<b>Postal Code:</b>
<b>Residential Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Your Place of Employment:</b>		<b>Spouse's Place of Employment:</b>
<b>E-mail Address:</b>		
<p>Essex Animal Hospital respects the privacy of its clients. All information is confidential and is not sold, rented or traded to any outside entity.</p>		
<p><b>Preferred Method of Communication:</b></p> <p> <input type="checkbox"/> Post Mail               <input type="checkbox"/> Telephone               <input type="checkbox"/> Email               <input type="checkbox"/> Fax               <input type="checkbox"/> Cell Phone/Text Message         </p>		
<p><b>How did you find out about our clinic?</b></p> <p> <input type="checkbox"/> Friend               <input type="checkbox"/> Family               <input type="checkbox"/> Google Search               <input type="checkbox"/> Yellow Pages               <input type="checkbox"/> Driving By               <input type="checkbox"/> Website  <input type="checkbox"/> Kijiji     <input type="checkbox"/> Newspaper Ad     <input type="checkbox"/> Other (Please List: ) _____         </p>		
<p>If you were referred by a friend or family member, please provide his/her full name so we may send our thanks.</p>		
<p>If I cannot be contacted in the event of an emergency regarding my pet(s), I hereby authorize Essex Animal Hospital to contact</p>		
<b>Name:</b>		<b>Relationship To You:</b>
<b>Street Address:</b>		<b>Apt. No.:</b>
<b>City:</b>		<b>Postal Code:</b>
<b>Residence Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Place of Employment:</b>		
<b>Client Signature:</b>		<b>Date:</b>
<p>Thank you for giving Essex Animal Hospital the opportunity to care for your animal.</p> <p style="text-align: right;">Please see reverse side.</p>		

<b>Animal's Name:</b>	<input type="checkbox"/> Dog <input type="checkbox"/> Other:	Breed:	<input type="checkbox"/> Male	Neutered:	Age:
	<input type="checkbox"/> Cat _____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	<input type="checkbox"/> Dog <input type="checkbox"/> Other:	Breed:	<input type="checkbox"/> Male	Neutered:	Age:
	<input type="checkbox"/> Cat _____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	<input type="checkbox"/> Dog <input type="checkbox"/> Other:	Breed:	<input type="checkbox"/> Male	Neutered:	Age:
	<input type="checkbox"/> Cat _____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	<input type="checkbox"/> Dog <input type="checkbox"/> Other:	Breed:	<input type="checkbox"/> Male	Neutered:	Age:
	<input type="checkbox"/> Cat _____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	<input type="checkbox"/> Dog <input type="checkbox"/> Other:	Breed:	<input type="checkbox"/> Male	Neutered:	Age:
	<input type="checkbox"/> Cat _____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

***Payment Information***

The Essex Animal Hospital offers the following methods of payment for your convenience:

1. Cash
2. Interac Direct Debit
3. VISA
4. MasterCard

*Essex Animal Hospital offers 0% financing over 6 months and low financing rates over 12 months through Health Smart Financial.*

*Please see the "Forms" section on our website to view the printable brochure and enrollment form.*