



**The Island Veterinary Hospital**  
10100 Westminster Hwy.  
Richmond, BC, V6X 1B2  
604 273 3158

Welcome to our Hospital. If you have any questions during or after your visit, please don't hesitate to let one of us know. We strive to provide outstanding service to you and exceptional care for your dog.

We need to create a medical record for your dog.

We ask that you take a few minutes to provide us with some information for our files.

Their name is \_\_\_\_\_  Not Neutered  Neutered  Not Spayed  Spayed

Breed \_\_\_\_\_ Colour \_\_\_\_\_ Do you have other pets?  Yes  No

Your dogs age (if not sure, best guess!) \_\_\_\_\_ Birthday \_\_\_\_\_

How long has your dog lived with you? \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_

Are they being dewormed regularly?  Yes  No What do you feed your dog? \_\_\_\_\_

Who was your previous Veterinarian so that we may access their medical records. \_\_\_\_\_

Understanding how our clients have heard about us is of great importance to the overall health of our Hospital. If a specific person referred you to us, please provide their name. It is the strongest gesture someone can make about the quality of our services.

Please select all of the avenues where you have heard about us

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> RAPS/SPCA           | <input type="checkbox"/> Noticed our Location | <input type="checkbox"/> Website Search   |
| <input type="checkbox"/> Visited our Website | <input type="checkbox"/> Previously a Client  | <input type="checkbox"/> Recommended by a friend _____<br><small>(Refer a friend and receive 50% off your next office exam)</small> |

We need some information about you for your file as well.

Your first name \_\_\_\_\_ Your last name \_\_\_\_\_

If you would like your Spouse's name added to the file, please provide it here \_\_\_\_\_

Your Mailing Address \_\_\_\_\_  
\_\_\_\_\_

It is important that we have your phone numbers and email address on file so that we can contact you in the most efficient manner in regards to your dogs health.

Email Address \_\_\_\_\_

Your Info: Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse Info: Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Can we post a picture of your pet on our Facebook Page?  Yes  No

Thank you for taking the time to fill this out for us.