

Ellesmere Animal Clinic Prof. Corp.
119 Ellesmere Rd.
Scarborough, Ontario M1R 4C3
416-449-3304
Dr. R. D'Souza

Thank you for giving us the opportunity to care for your animal(s). Please complete the following to help us get to know you and your pet(s). *Please print clearly.*

CLIENT INFORMATION

Client's Last Name: _____ First Name: _____
Mr. _____ Mrs. _____ Ms. _____ Miss. _____
Street Address: _____ Apt# _____ City: _____
Postal Code: _____ Home# _____ Work# _____
Cell# _____ Emergency # _____ Email _____

PET INFORMATION

Name: _____ Dog ___ Cat ___ Breed: _____
Color/Marking: _____ Sex: ___ Spayed ___ Neutered ___
Date of Birth: _____ Age: _____ Last Vaccine Date: _____
Previous Clinic Name: _____ Doctor's Name: _____
Please list any known drug allergies: _____
Is there any prior illness or surgery we should know about?

Current diet and medications being given: _____

2ND PET INFORMATION

Name: _____ Dog ___ Cat ___ Breed: _____
Color/Marking: _____ Sex: ___ Spayed ___ Neutered ___
Date of Birth: _____ Age: _____ Last Vaccine Date: _____
Previous Clinic Name: _____ Doctor's Name: _____
Please list any known drug allergies: _____
Is there any prior illness of surgery we should know about?

Current diet and medications being given: _____

ALL FEES ARE DUE WHEN SERVICES ARE RENDERED

Client Signature _____
Date: _____