

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

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.

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 cat.

We need to create a medical record for your cat. 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? \Box Yes \Box No Birthday _____ Your cats age (if not sure, best guess!) How long has your cat lived with you? Where did you get your cat? Are they being dewormed regularly? □Yes □ No What do you feed your cat?______ 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 RAPS/SPCA Noticed our Location Website Search Visited our Website Recommended by a friend ____ Previously a Client (Refer a friend and receive 50% off your next office exam) Has your cat ever been tested for: Feline Leukemia Virus? □Yes □ No □ Not Sure If yes, where and when Feline Immunodeficiency Virus □Yes □ No □ Not Sure If yes, where and when 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 cats health. Email Address Your Info: Home Phone _____ Work Phone _____ Cell Phone _____ Spouse Info: Home Phone Work Phone Cell Phone