



**Tri Lake Animal Hospital
& Referral Centre**

REFERRAL CLIENT INFORMATION FORM

10564 Powley Court, Winfield, BC V4V 1V5
 Phone 250-766-3236 Fax 250-766-3237
 trilake@vca.com www.vcacanada.com/trilake/specialty

Welcome to VCA Canada Tri Lake Animal Hospital & Referral Centre. Please take a moment to complete our client information form to ensure we have the correct information about you and your pet. Please print clearly. This information is for hospital communication purposes ONLY and will not be shared externally.

YOUR INFORMATION (Primary Contact)

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY _____ PROVINCE/STATE _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL _____

SECONDARY CONTACT (Who also has responsibility and decision-making authority for your pet)

FIRST NAME _____ LAST NAME _____

RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

YOUR PET'S INFORMATION

PET'S NAME _____ BREED _____

COLOUR _____ AGE (DATE OF BIRTH) _____ MALE / FEMALE
 NEUTERED SPAYED INTACT

Have you been to our hospital before? NO YES Which pet (s) _____

YOUR REGULAR VETERINARY HOSPITAL _____

YOUR FAMILY VETERINARIAN _____

TO WHOM HAVE YOU BEEN REFERRED:

- DR. CHRIS JORDAN BSc(Hons), BVetMed, DECVS, MRCVS (SURGERY)
- DR. MEG SCUDERI DVM, MVetSc (INTERNAL MEDICINE)
- DR. TARA EDWARDS, DVM, DACVSMR, CCRT, CVPP (PAIN MANAGEMENT/REHABILITATION)

We accept cash, debit, American Express, MasterCard and VISA. We unable to accept cheques.

Please indicate if you have one of the following: PetSecure Trupanion Petcare Medicaid

AUTHORIZATION FOR TREATMENT: I am the owner (or authorized agent for the owner) of this pet and am over 18 years of age. I hereby authorize the staff of VCA Canada Tri Lake Animal Hospital & Referral Centre to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of treatment cost provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.

Signature of Owner/Agent: _____ Date _____