



T: 604-473-4882
 F: 604-473-4898
 referrals@canadawestvets.com

CANADA WEST
 VETERINARY SPECIALISTS

PET OWNER FORM

1988 Kootenay Street
 Vancouver, BC V5M 4Y3
 canadawestvets.com

Surgery Consultation Questionnaire

PLEASE PRINT CLEARLY. This information is for hospital communication purposes only.

OWNER NAME: First: _____ **Last:** _____ Mr. Mrs.
PET'S NAME: _____ Ms. Dr.

PATIENT INFORMATION

Dog Cat Other **Breed:** _____
Age (DOB): _____ **Sex:** M F Spayed Neutered Intact **Colour:** _____
Do you have insurance for this pet? Yes No **If so, please indicate:** PetSecure Trupanion PetCare
Origin: Breeder Store Shelter Other (Please provide name, location and date below): _____
 _____ Date: _____

OWNER / PRIMARY CONTACT

Address: _____
City: _____ **Province/State:** _____ **Postal Code:** _____
Home#: _____ **Cell#:** _____ **Work#:** _____
Email: _____ (so we can email you reports or information)

ADDITIONAL OWNER / CONTACT

Mr. Mrs. Ms. Dr. **First:** _____ **Last:** _____
Does this person also have the decision-making authority? Yes No
Home#: _____ **Cell#:** _____ **Work#:** _____
Email: _____ **Relation to above:** _____

FAMILY VET INFORMATION

Your regular veterinary hospital: _____
Your veterinarian's name: _____
Have you been to our hospital before? Yes No Unknown. **If so, with which pet?** _____

Professional fees are due at the time services are rendered. Surgery and hospitalization will require a deposit at the time of admittance. We accept cash, debit, Mastercard, VISA and AMEX. We do not accept personal or business cheques.

PATIENT INTAKE FORM

What condition are you bringing your pet in for?

How long has this condition been present? (Please list the date if known)

Has the condition been: worsening improving staying the same

If your pet is limping, which limb(s) are affected: Left front Right front

Left rear Right rear

Has your pet received any non-medication treatments for this condition? Yes No

If YES, please describe:

Please list all current medications that your pet is taking (including flea/tick preventatives and herbal/vitamin supplements), as well as any previous medications used to treat the presenting condition.

Has your pet had any adverse reactions to any medications? Yes No

If YES, please describe:

Has your pet recently experienced any of the following?

- Vomiting Yes No
- Diarrhea Yes No
- Change in appetite Yes No
- Change in body weight Yes No
- Change in drinking Yes No
- Change in urination (frequency, straining, etc.) Yes No

If you answered yes to any of the above, please describe:

Has your pet exhibited any other abnormal symptoms? Yes No

If YES, please describe:

Please list any previous medical conditions that your pet has been diagnosed with.

Has your pet had any recent bloodwork? Yes No

Has your pet had any recent x-rays taken? Yes No

What diet are you currently feeding your pet? Please include type and frequency.

Does your pet have any food allergies? Yes No

If yes, please list what your pet is allergic to.

Is your pet up to date on vaccines? Yes No

Is your pet: indoor only outdoor only or indoor/outdoor

Has your pet travelled outside of the province? Yes No

If yes, please list the location, approximate date and length of visit.