



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:** _____

PET'S NAME: _____

OWNER / PRIMARY CONTACT

Address: _____ **Unit #:** _____
City: _____ **Province/State:** _____ **Postal Code:** _____
Home#: _____ **Cell#:** _____ **Work#:** _____
Email: _____ (so we can email you reports or information)
Licence Plate Number: _____ (Needed in case car is blocked / blocking others, or parked in unsafe space)

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 YES, please indicate:** Trupanion PetsPlusUs
Origin: Breeder Store Shelter Other Petsecure/Petline 24Petwatch Fetch/Petplan
 Other _____ Policy # _____
 Has your pet ever bitten a person or pet? If yes, please describe: _____

ADDITIONAL OWNER / CONTACT

First: _____ **Last:** _____
Does this person also have the decision-making authority? Yes No
Home#: _____ **Cell#:** _____ **Work#:** _____
Email: _____ **Relation between you and the first contact 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.

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.

**Please note we use peanut butter in hospital*

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

Is your pet vaccinated for the following:

Feline:	Rabies	FVRCP	FELV	None	Unknown / Up to Date
Canine:	Rabies	Bordetella	Leptospirosis	Distemper/Adenovirus/Parvovirus (DA2PP)	

Has your pet travelled outside of the province?

Yes No

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