



995 Hamilton Rd  
London, ON N5W 1A4  
519.453.2940  
[info@fairmontvet.com](mailto:info@fairmontvet.com)  
[www.fairmontvet.com](http://www.fairmontvet.com)

## NEW CLIENT FORM

**Welcome!** Thank you for giving us the opportunity to care for your pet. We are happy to answer any questions you have about your pet's health. To ensure the best possible care, we ask that you take the time to fill in this form prior to your visit.

*\*Once complete, please email this document to [info@fairmontvet.com](mailto:info@fairmontvet.com) with the subject line New Client <pet's name>*

### REGISTRATION

Name: \_\_\_\_\_ Spouse/Additional Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tick this box if you consent to receiving emails from Fairmont Animal Hospital. We use electronic communication to inform you of our upcoming clinic events, special promotions, provide pet health reminders, and medical information.

How did you hear about our hospital?  Facebook  Google  Other/Recommendation: \_\_\_\_\_

### PET INFORMATION

Name: \_\_\_\_\_ Species:  Cat  Dog Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Spayed/Neutered:  Yes  No Colour: \_\_\_\_\_

Pet Insurance Company/Policy Number (if applicable): \_\_\_\_\_

Previous clinic(s) (if applicable, we will contact the clinic to obtain previous medical history): \_\_\_\_\_

Vaccination History (date and type of vaccine given): \_\_\_\_\_

Current Medication/Supplements: \_\_\_\_\_

Current Diet (i.e. Iams Adult Lrg Breed): \_\_\_\_\_

Appointment Date and Time (if already booked): \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Is there anything else you would like us to know about your pet? (i.e. anxiety, behaviour, etc.) At Fairmont, we strive to make every visit as pleasant and fear free as possible. \_\_\_\_\_

**ADDITIONAL PETS**

Name: \_\_\_\_\_ Species:  Cat  Dog Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Spayed/Neutered:  Yes  No Colour: \_\_\_\_\_

Pet Insurance Company/Policy Number (if applicable): \_\_\_\_\_

Previous clinic(s) (if applicable, we will contact the clinic to obtain previous medical history): \_\_\_\_\_

Vaccination History (date and type of vaccine given): \_\_\_\_\_

Current Medication/Supplements: \_\_\_\_\_

Current Diet (i.e. Iams Adult Lrg Breed): \_\_\_\_\_

Appointment Date and Time (if already booked): \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Is there anything else you would like us to know about your pet? (i.e. anxiety, behaviour, etc.) At Fairmont, we strive to make every visit as pleasant and fear free as possible. \_\_\_\_\_

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Name: \_\_\_\_\_ Species:  Cat  Dog Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Spayed/Neutered:  Yes  No Colour: \_\_\_\_\_

Pet Insurance Company/Policy Number (if applicable): \_\_\_\_\_

Previous clinic(s) (if applicable, we will contact the clinic to obtain previous medical history): \_\_\_\_\_

Vaccination History (date and type of vaccine given): \_\_\_\_\_

Current Medication/Supplements: \_\_\_\_\_

Current Diet (i.e. Iams Adult Lrg Breed): \_\_\_\_\_

Appointment Date and Time (if already booked): \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Is there anything else you would like us to know about your pet? (i.e. anxiety, behaviour, etc.) At Fairmont, we strive to make every visit as pleasant and fear free as possible. \_\_\_\_\_