



995 Hamilton Rd
London, ON N5W 1A4
519.453.2940
info@fairmontvet.com
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 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. _____



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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. _____

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: _____

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