

Cornerstone Animal Hospital

2500 **Appleby Line**
Burlington, On
L7L 0A2

905-331-1500
fax: 905-331-3090



CLIENT INFORMATION:

Last Name: _____ First Name: _____

Spouse Name: _____

Street Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ ext: _____

Were you referred to the clinic? YES ___ NO ___

If Yes, whom may we thank? _____

PATIENT INFORMATION:

Patient Name: _____ Species: Canine ___ Feline ___ Other: _____

Breed: _____ Date of Birth or Age: _____

Sex: Male ___ Female ___ Is your pet spayed or neutered? Yes ___ No ___

Please describe your pet's environment: mostly indoors ___ mostly outdoors ___ indoors/outdoors ___

Please describe your pet's usual diet: _____

Please list any medical conditions your pet has had or may still have: _____

Is your pet currently on any medication? If yes, please describe? _____

Please list the Veterinarians you have consulted for any of the above conditions: _____

Do you have any other pets? _____

