



NEW CLIENT & PATIENT WELCOME FORM

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Welcome to Napanee Veterinary Hospital. This form helps us keep your family, patient and authorization information accurate. Please tell us about any changes to ownership, contact information or decision-making authority.

1. PRIMARY CLIENT / OWNER

Legal First & Last Name

Preferred Name

Email Address

Home Address

City / Town

Postal Code

Primary Phone

Secondary Phone

Preferred Contact

☐ Phone

☐ Text

☐ Email

☐ No preference

2. CO-OWNERS / LEGAL OWNERS

Please list every legal owner. An emergency contact or authorized representative is not automatically a legal owner.

Full Legal Name	Relationship	Phone / Email	Address if Different	Legal Owner?
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If ownership changes, please notify Napanee Veterinary Hospital in writing so we can update the medical record.

3. AUTHORIZED REPRESENTATIVES & DECISION-MAKERS

Please identify exactly what each person may do on your behalf. Someone listed only as an emergency contact does not automatically have decision-making authority.

Name / Relationship	Phone	Receive Info	Routine Medical	Emergency Medical	Financial	Euthanasia
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☐ No one other than the legal owner(s) is authorized unless separately documented in writing.

4. EMERGENCY CONTACT

Emergency Contact Name

Relationship

Phone

Alternate Emergency Contact

Relationship

Phone

Use Section 3 to document whether an emergency contact may make medical, financial or euthanasia decisions.

NAPANEE VETERINARY HOSPITAL | PATIENT INFORMATION

PATIENT 1

Pet's Name	Species	Breed
DOB / Approx. Age	Sex	Spayed / Neutered?
Colour / Markings	Microchip Number	Microchip Registry
Rabies Tag #	Tattoo / Other ID	Primary Owner
Pet Insurance Provider	Policy / Member #	Current Weight (if known)
☐ No pet insurance	☐ Insurance information provided	☐ Insurance information to follow

PATIENT 2

Pet's Name	Species	Breed
DOB / Approx. Age	Sex	Spayed / Neutered?
Colour / Markings	Microchip Number	Microchip Registry
Rabies Tag #	Tattoo / Other ID	Primary Owner
Pet Insurance Provider	Policy / Member #	Current Weight (if known)
☐ No pet insurance	☐ Insurance information provided	☐ Insurance information to follow

5. PREVIOUS VETERINARY CARE

Previous Veterinary Hospital	Previous Veterinarian	Phone
Clinic Email / Fax	Approx. Last Visit	City / Town
☐ No previous veterinary care elsewhere		

6. MEDICAL & PREVENTIVE HISTORY

- | | |
|---|---|
| ☐ Current medications | ☐ Supplements/vitamins |
| ☐ Known medication/vaccine reactions | ☐ Known food / environmental allergies |
| ☐ Previous illness/hospitalization | ☐ Previous surgery |
| ☐ Previous anesthetic complication | ☐ Fear / anxiety / handling concerns |

☐ Aggressive / bite history

☐ Special dietary needs

Current Medications / Supplements

Allergies / Reactions

Previous Surgeries / Major Illnesses

Other Important Medical Information

Current preventive care: ☐ Vaccinations ☐ Flea/Tick ☐ Heartworm ☐ Intestinal Parasite ☐ Other: _____

7. COMMUNICATION PREFERENCES

☐ Appointment reminders – phone

☐ Appointment reminders – text

☐ Appointment reminders – email

☐ No automated reminders

☐ General clinic / educational communications

☐ No general clinic / educational communications

We may contact you regarding your pet's medical care, test results, prescriptions, appointments and other matters relating to veterinary services.

NAPANEE VETERINARY HOSPITAL | AUTHORIZATION & ACKNOWLEDGEMENT

8. EUTHANASIA & END-OF-LIFE AUTHORIZATION PREFERENCE

This records your standing preference if you cannot be reached. It does not replace the informed consent discussion and authorization required at the time of euthanasia.

- ☐ ONLY a legal owner may consent to euthanasia.
- ☐ I authorize the person identified below to consent to euthanasia on my behalf if I cannot be reached.

Authorized Person – Full Name

Relationship

Phone

I understand that a veterinarian must use professional judgment regarding whether euthanasia is appropriate and that euthanasia consent is separate from authorization for routine or emergency treatment.

9. AUTHORIZATION TO REQUEST VETERINARY RECORDS

I authorize Napanee Veterinary Hospital to request relevant medical records from the previous veterinary hospital(s) identified on this form for the purpose of coordinating my pet's care.

- ☐ Yes, request records ☐ No, I will provide records myself

10. CLIENT ACKNOWLEDGEMENT

- ☐ The information I have provided is true and complete to the best of my knowledge.
- ☐ I have identified all known legal owners of the patient(s) listed on this account.
- ☐ The people identified as authorized representatives have the authority and limits I have indicated.
- ☐ I understand that an emergency contact is not automatically authorized to make medical, financial or euthanasia decisions.
- ☐ I understand that veterinary consent is an ongoing process and that specific consent may be required for examinations, diagnostics, treatment, anesthesia, surgery, hospitalization or euthanasia.
- ☐ I understand that I am responsible for fees for services authorized by an authorized representative acting within the authority I have provided or by me.
- ☐ I agree to notify Napanee Veterinary Hospital in writing of changes to ownership, authorized representatives, contact information or decision-making authority.

Primary Owner / Client Signature

Date

Printed Name

Staff Member Receiving Form

FOR NVH USE ONLY

Record Verification

Completed By / Date

- | | |
|--|-------|
| ☐ Primary owner verified/entered | _____ |
| ☐ All legal co-owners entered | _____ |
| ☐ Authorized representatives entered with scope | _____ |
| ☐ Emergency contacts entered | _____ |
| ☐ Previous records requested/received | _____ |
| ☐ Microchip recorded | _____ |
| ☐ Insurance information recorded | _____ |
| ☐ Communication preferences recorded | _____ |
| ☐ Euthanasia preference documented | _____ |

☐ Form scanned/attached to medical record
