

THORNHILL VETERINARY CLINIC
38 Centre street Thornhill ON L4J 1E9
(905) 889 – 4851
thornhillvetclinic@gmail.com

New Client Form

(Human) Name and Last name: _____

Address: _____

City: _____ Postal Code: _____

Contact info

Phone: _____ Cell: _____

Email: _____

Preferred contact: Phone / Cell/ Email / Text

New Patient info

Name: _____ Breed: _____

Sex: _____ Spayed/Neutered: YES / NO

Date of birth: _____ Microchip: _____

Known Allergies: _____

Known Medical Conditions: _____

Previous Vet Clinic (if any): _____

Additional information: _____

We are looking forward to meeting you and your furry family member ☺