



ANIMAL EMERGENCY & SPECIALTY HOSPITAL

Owner or Agent's Name: _____

Apartment: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Home No.: _____ Work: _____ Cell: _____

Email Address: _____

Spouse/Co-Owner: _____ Cell No.: _____

Animal Name: _____ Male Neutered Female Spayed

Species: _____ Breed: _____

Age or DOB: _____ Colour: _____ Temperament: _____

Regular Veterinary Clinic: _____

Has your pet ever bitten anyone? Yes No

How did you hear about us? Location Internet Radio/TV Friend Family Other: _____

Has your pet been vaccinated in the past 12 months? _____

Have you been here previously? Yes No

What Pet Insurance company are you with? _____ Policy# _____

Is your pet fed a raw food diet? _____

Please list any of your animal's medication and their frequency: _____

Please review both sides of the form, then sign the second page.

I authorize my animal to be examined on this date by the attending veterinarian at the Ottawa Animal Emergency and Specialty Hospital. I fully understand that a **non-refundable triage deposit of \$50** will be applied at the time of my pets' intake & triage. This deposit will be applied towards the examination and consultation fee which is **\$268.31 plus HST for Emergency Services. Specialty Services exam fees are \$268.31 plus HST unless otherwise indicated.** Additional services may be warranted and will be discussed with the veterinarian. An estimate will be provided prior to any treatments being given, except when urgent medical treatments are required. Payment for any treatments or medications given is due immediately, or if the animal is admitted to hospital, **a 75% deposit is due at the time of admission**, with the balance due at the time of discharge or transfer. VISA, MasterCard, debit, and cash are accepted. Cheques will not be accepted, and we do not offer any payment plan.



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No belongings may be left with your pet as we cannot guarantee their return

The Ottawa Animal Emergency and Specialty Hospital (OAESH) is a teaching and learning hospital. Some Specialty services may also have a Resident in training. Veterinary Residents are licensed veterinarians undergoing advanced training in order to qualify them for Board certification. Please be advised that your pet's consultation and treatment may be performed in part or in whole by the Resident in the Specialty service. Residents are carefully supervised by veterinarians who are board certified in the specialty for which the resident is in training.

Privacy

The Ottawa Animal Emergency & Specialty Hospital takes your privacy seriously. Any personal information we collect is stored securely and is only used or disclosed for the purposes under which it was collected. Your information may only be shared with third parties when necessary for providing medical treatment or client communications, or at your request.

By signing below, I consent to the use, storage, and disclosure of my information for the purposes of providing medical treatment to my pet and communicating with me, my regular veterinarian, or my pet insurance provider about these treatments. Initial:

Compounded Medications

When necessary, veterinarians at the Ottawa Animal Emergency and Specialty Hospital may use compounded medications to provide treatment for my pet. Due to the process of compounding medications, the efficacy and formulation are not tested or approved by Health Canada.

I understand and accept that compounded medications are not tested or approved by Health Canada, and as such, their use may pose additional risks. Questions around this guideline can be answered by speaking to our team or scanning the below QR Code with your smart phone.



Initial:

Social Media

Here at the Ottawa Animal Emergency and Specialty Hospital, we love to share stories of furry family members that visit our hospital. Let us know if you want us to share pictures or stories of your pet on our social media pages.

I consent to picture(s) and information about my pet being shared on social media

I **do not** consent to picture(s) and information about my pet being shared on social media

Signature: _____

Please print name: _____ **Date:** _____

For Staff Use Only: Inputted by: _____ Verified by: _____