



Feline & Canine (CAT & DOG) Vaccination Services Request Form

CLIENT INFORMATION:

Owner's First Name: _____ Last Name: _____

Street name and number: _____ Apt./Unit# _____

Postal code: _____

City: _____ (there is no restriction for those living outside of Toronto)

Email address: _____

Do you consent to receiving appointment reminders through email? Yes No

(These will be sent out two weeks, and 2 days prior to the appointment)

Primary Phone# _____ Secondary Phone# _____

Are you receiving one of the following income supplementations? ODSP OW GIS NONE

This should be both the owner of the animal, and the person dropping off. Should a family member be required to drop off the patient, please fill out the details below. Please be aware they will be required to answer questions about your pet's medical condition, vaccination history, pay for the procedure, and authorize the surgical procedure and associated risks. All appointments and documentation will be created under the owner's name, which is why we ask for continuity.

Authorized Agent (Other than owner): _____

Relationship to owner: _____

PET INFORMATION:

Animal Name: _____

Species: Feline Canine

Breed: _____

Sex: Female Male

Age: _____ Months or Years

(Must be between 3 months - 6 years of age)

or Date of Birth: _____

Colour: _____

Coat Pattern: _____
(Tabby, Tortoiseshell, Calico, Solid, Spotted etc.)

Is your cat/dog healthy? Yes No
(good dental health and no other medical illnesses/conditions)

***If not, please book an appointment with your local veterinarian**

When was the last time the cat visited a veterinarian, and for what reason?:

VACCINATION HISTORY:

Has your pet been vaccinated previously? Yes No

If yes, please include the date of the last vaccinations: _____
(dd) (mm) (yyyy)

Were these your pet's first ever vaccines? Yes No

Has your pet ever had a vaccinate reaction? Yes No

*If yes, please contact your local veterinarian for an appointment. Animals with previous vaccination reactions require precautionary measures to be taken which cannot be offered in our clinics.

SERVICES REQUESTED:

(select all that apply)

VACCINATIONS (first ever)

*please note if these are your pet's 1st ever vaccinations a booster appointment is likely necessary. If you wish to book this appointment with us as well please mark the following box in addition to this one and we can pre-book two appointments.

VACCINATIONS (booster)

VACCINATIONS (annual)

MICROCHIP

CANINE HEARTWORM TESTING (only available April – September)

All appointments include a 15 minute brief physical examination, vaccinations if needed (FVRCP/ DHPPV/ Rabies), and a complementary deworming treatment for puppies and kittens (for intestinal parasites).

Please note we do not complete nail trimming or complete health examinations needed for travel (and the required documentation). Please call your local veterinarian to request these services.

Please allow 48 – 72 hours for a response. All information must be completely filled out in order to proceed with booking. If booking more than 1 animal please fill out 1 form per animal. Please be aware that 2 or more appointments will require a 50% deposit to be completed over the phone (with VISA or MasterCard), or inshelter (with debit or cash) within 48 hours of the appointment offering.

Vaccination Clinics run: Tuesday – Friday from 4:30pm – 8:00pm, and Saturdays from: 10:00am – 2:00pm.

Please let us know of any booking preferences or any additional comments in regards to the application:
