



Simcoe Veterinary Hospital

Exceptional People, Exceptional Service for Exceptional Pets



Dr. Mark Bolton

Dr. Holly Spring

Dr. Katrin Schmidt

We are happy to have you join us at Simcoe Veterinary Hospital!
As a valued client, we will connect you with our client exclusive Webstore.

First and Last Name: _____

Preferred Greeting:

- Mr. Mrs.
- Ms. Dr.

Spouse/Co-owner: _____

Home Phone: _____

Work: _____

Cell Phone: _____

Do you allow text messaging? YES NO

Email: _____

** Please circle which method of contact you would prefer.*

Mailing Address:

Street: _____

Apt: _____

City: _____

Province: _____

Postal Code: _____

Please let us know how you heard about us:

- Yellow Pages
- Signage
- Internet
- Word of mouth
- Referral:
please tell us who referred you so we can thank them!

Other: _____

Pet #1 Name: _____

Age/Birth date: _____

Species: Dog Cat Other

Sex: Male (Neutered? Y/N)
 Female (Spayed? Y/N)

Breed: _____

Colour: _____

Last Vaccination Date: _____

Previous Clinic: _____

Allergies/Known Medical Conditions: _____

Microchip: Y/N Pet Insurance: Y/N

Pet #2 Name: _____

Age/Birth date: _____

Species: Dog Cat Other

Sex: Male (Neutered? Y/N)
 Female (Spayed? Y/N)

Breed: _____

Colour: _____

Last Vaccination Date: _____

Previous Clinic: _____

Allergies/Known Medical Conditions: _____

Microchip: Y/N Pet Insurance: Y/N