

# Rice Lake Animal Hospital

## Pet Registration

Pet's Name: \_\_\_\_\_ Breed : \_\_\_\_\_  
Birthdate/Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Spay/Neutered: \_\_\_\_\_ Colour: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed : \_\_\_\_\_  
Birthdate/Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Spay/Neutered: \_\_\_\_\_ Colour: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed : \_\_\_\_\_  
Birthdate/Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Spay/Neutered: \_\_\_\_\_ Colour: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Mr \_\_\_ Mrs \_\_\_ Dr \_\_\_ Ms \_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal \_\_\_\_\_  
Phone Numbers: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
PO Box Number \_\_\_\_\_  
Name of Spouse or Partner: \_\_\_\_\_  
Email: \_\_\_\_\_

Do we have permission to email reminders or pertinent information eg food or drug recalls? Yes \_\_\_ No \_\_\_

Do we have permission to post photos of your pets on our Facebook and Instagram page? Yes \_\_\_ No \_\_\_

**Please give us an emergency contact person and phone number in case we can't reach you.** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION POLICY CONSENT FORM

I understand that Rice Lake Animal Hospital has a Personal Information Policy in accordance with the requirements of the Personal Information and Electronic Documents Act.

By signing below, I am consenting to the collection, use and disclosure of my personal information (such as my home telephone number and address) in accordance with the purposes set out in the Policy, which include the following:

- I) Maintaining complete and accurate client files, and complying with the requirements of the College of Veterinarians of Ontario, the Veterinarians Act and regulations under the Act;
- II) Providing goods and services to veterinary clients, including contacting clients to schedule appointments and follow ups on patient treatment, billing for goods and services and notifying clients about new services and promotional offers: and
- III) Communicating and working third parties providing veterinary medical or other services to clients, including other veterinary facilities and insurance companies which may pay for all or part of the cost of such services.

I understand that:

- I) My personal information will not be used or disclosed for purposes other than those for which it was collected, except with my consent, or except where use or disclosure is required by law;
- II) I have the right to view my personal information and have it amended, if inaccurate or incomplete; and
- III) A copy of the Policy will be provided on request.

SIGNATURE:

PRINTED NAME:

DATE: