

# MILLENNIUM CITY VETERINARY HOSPITAL

1866 Liverpool Rd. Pickering, ON L1V 1W3  
(905) 420-9555 frontdesk@mcvh.ca

## CLIENT INFORMATION

Owner \_\_\_\_\_ Co-Owner \_\_\_\_\_  
First Name Last Name First Name Last Name  
Address \_\_\_\_\_  
Apt # \_\_\_\_\_ City \_\_\_\_\_ Postal \_\_\_\_\_  
Home ph. \_\_\_\_\_  
Cell ph. \_\_\_\_\_ Co-Owner Cell ph. \_\_\_\_\_  
Work ph. \_\_\_\_\_ Relation to Primary Owner \_\_\_\_\_  
E-mail Address \_\_\_\_\_

## PET INFORMATION

Name \_\_\_\_\_ Breed \_\_\_\_\_  
Sex \_\_\_\_\_ (  Spayed/Neutered ) Colour/Markings \_\_\_\_\_  
Age/Date of Birth \_\_\_\_\_ Microchip # \_\_\_\_\_  
Previous Veterinary Clinic(s) Visited \_\_\_\_\_  
Would you like us to forward medical records to your previous clinic?  Yes  No  
Would you like us to get the medical records from your previous clinic to be kept here?  Yes  No

## Where did you hear about us?

*(If referred by a client of ours, please indicate the individual's full name below.)*

## PERSONAL INFORMATION POLICY

### CONSENT FORM

I understand that Millennium City Veterinary Professional Corporation has a Personal Information Policy in accordance with the requirements of the *Personal Information Protection 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 up on patient treatment, billing for goods and services, and notifying clients about new services and promotional offers; and
- iii. communication and working with 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 collect, 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.

Millennium City Veterinary Hospital staff may ask your permission to take a photo of your pet and may ask to use the photo for advertising purposes on our website or social media accounts. You will be asked for verbal permission prior to your pet's photo being taken or posted. By signing you are also giving written consent

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_