

# NEW CLIENT QUESTIONNAIRE

PLEASE PRINT



**Machray  
Animal Hospital**

1039 McPhillips Street  
Winnipeg, Manitoba  
R2X 2K6  
586-9721  
Fax 589-2871

Owner First Name: \_\_\_\_\_ Surname \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: Apt #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner's Work #: \_\_\_\_\_ Cell # \_\_\_\_\_

Spouse Work #: \_\_\_\_\_ Cell # \_\_\_\_\_

In Case of Emergency please leave us a contact name

Alternate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work # \_\_\_\_\_

Should your pet(s) go missing, and is found, does Machray Animal Hospital have your permission to release your name, address and phone numbers?

Please circle: Yes \_\_\_\_\_ / No \_\_\_\_\_  
Signature Signature

What was your reason for choosing Machray Animal Hospital to give care for your pet?

- 1) \_\_\_\_\_ Referral - Please help us to thank them by providing us their:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2) \_\_\_\_\_ Emergency - who is your regular Veterinarian? \_\_\_\_\_
- 3) \_\_\_\_\_ Extended Hours
- 4) \_\_\_\_\_ Convenient location
- 5) \_\_\_\_\_ Previous Client \_\_\_\_\_
- 6) \_\_\_\_\_ Other - Please specify \_\_\_\_\_

Machray Animal Hospital accepts the following payment methods:

CASH / INTERAC / VISA / MASTERCARD  
PAYMENT IS DUE IN FULL AT TIME OF SERVICE  
FOR ALL MEDICAL/SURGICAL PROCEDURES.