

East York Animal Clinic

Personal Information Policy Consent Form

I understand that *East York Animal Clinic* 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/business/mobile telephone number(s), home address and email address) in accordance with the purposes set out in the Policy, which include the following:

- i. maintaining complete and accurate 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. communicating 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 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.

Owner's Signature: _____ *Date:* _____

Printed Name: _____

Second Name for account: _____ *Relationship:* _____

(*Name must be listed on account to receive medical information)

Second Person's Signature: _____

East York Animal Clinic

805 O'Connor Drive, Toronto, ON, M4B 2S7

P 416.757.3569 F 416.285.7483 E eyac@holisticpetvet.com www.holisticpetvet.com