



Patient questionnaire (CS-001E)

- Please turn in the questionnaire to the front desk for registration. For any enquiries, please notify our staff member.
- Please keep your cat inside the carrier while waiting for consultation.
- If your puppy is not fully vaccinated, please keep him/her off the floor.

Part I : Owner's information: (Please skip to *Part II if you have registered before)					
1	Registered owner:		5	Registered contact 1:	
2	HKID No.:		6	Registered contact 2:	
3	E-mail address:				
4	Postal address:				
*Part II : Animal's information:					
7	Name:				
8	Sex:	<input type="checkbox"/> Male / <input type="checkbox"/> Female	(<input type="checkbox"/> Neutered / <input type="checkbox"/> Unneutered)		
9	Species & Breed:	<input type="checkbox"/> Feline / <input type="checkbox"/> Canine	Breed: _____		
10	DOB:	(DD) /	(MM) /	(YYYY)	
11	Origin:	<input type="checkbox"/> Unknown			
12	Colour & Weight:	(_____ kg)			
13	Heartworm prevention (Canine only):	<input type="checkbox"/> Monthly oral / transdermal medication		<input type="checkbox"/> Annual injection	<input type="checkbox"/> Unknown/ NA
14	Vaccination (Due date):	<input type="checkbox"/> Canine (6 in 1) (/ /)	<input type="checkbox"/> Rabies vaccine (/ /)	<input type="checkbox"/> Feline (3 in 1) (/ /)	<input type="checkbox"/> Other: _____ (/ /) <input type="checkbox"/> Unknown/ NA
15	Medical history:	<input type="checkbox"/> Cardiovascular <input type="checkbox"/> Diabetes <input type="checkbox"/> Infectious <input type="checkbox"/> Unknown/ NA <input type="checkbox"/> Surgery/ Allergy/ Others: _____			
16	Currently pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
17	Living arrangement?	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Both	
18	No. of animal raising:	<input type="checkbox"/> Dog(s): _____	<input type="checkbox"/> Cat(s): _____	<input type="checkbox"/> Other: _____	
19	Current prescription:	<input type="checkbox"/> Unknown/ NA			
20	Presenting illness:	<input type="checkbox"/> Unknown/ NA			
#Part III : Authorized Agent / persons with statutory or other lawful authority over the animal (AA)'s information (if available)					
21	AA 1's name:		Contact 1:		HKID No.1: _____
22	AA 2's name:		Contact 2:		HKID No.2: _____
#Please list out the names and contact information of all person(s) or agent(s) (AA) authorized to act on your behalf.					



Part IV: Personal Information Collection Statement

- 1 We are committed to protecting the privacy, confidentiality, and security of the personal information we hold by complying with the requirements of Personal Data (Privacy) Ordinance with respect to the management of personal information.
 - 2 We are equally committed to ensuring that all our employees, volunteers and staffs uphold these obligations. We pledge to comply with the requirements of the Personal Data (Privacy) Ordinance. In doing so, we will ensure compliance by our staff with the strictest standards of security and confidentiality.
 - 3 We will not provide your personal data to third parties for direct marketing or other unrelated purposes without your consent.
 - 4 You have the right to request access to and correction of information held by us about you. If you wish to access or correct your personal data, please contact us at 'G/F, 24 Ki Lung Street, Prince Edward, Kowloon' or by email at cs@npv.org.hk.
 - 5 Your name, mobile phone number and home address collected by us will be used by the relevant staff to address NPV's policy, contact you regarding your animal's medical diagnosis and update you of any changes in your animal's health condition. We cannot use your personal data unless we have your consent or indication of no objection. Please indicate your consent to allow us to utilize information relating to the above by checking the corresponding boxes. I consent / I do not consent
- I do not wish to receive any NPV activity information, service promotion and fundraising activities through direct mailing, email, telephone, SMS and fax, etc.

Part V: Declaration of the owner

- 1 I am the captioned animal's registered owner or his/her authorized agent and have full authority to sign this document.
- 2 I understand that:
 - 2.1 All animals must be in good health condition before they are allowed to receive vaccinations.
 - 2.2 All animals' health is number one priority to us, and any health conditions should be treated prior to being vaccinated.
 - 2.3 Some animals may have allergic reactions vaccines or medication. I will advise the veterinarian in advance if my animal has previously suffered any allergic reaction, showed any signs or symptoms of which may include facial swelling, swollen ears / muzzle / eyelids, or rubbing of the face, etc.
 - 2.4 I can ask the veterinarian any medical questions in relation to the above animal.
 - 2.5 All veterinarians at NPV act in the best interest and welfare of the animal(s) they attend to. Should I wish to decline any treatment suggested and/or recommended by the attending veterinarian for the animal, even in the absence of a refusal to treat form which I decline to execute, I shall bear all possible consequences, known or unknown, informed or otherwise, which may occur.
 - 2.6 NPV strives for a positive work environment for patients and staff and advocate for respect and kindness from everyone for the wellbeing of all animals. If there is any ill treatment of staff (e.g. physical or verbal attacks), NPV reserves the right to decline, with immediate effect, any medical consultations or treatments without giving any reasons.
 - 2.7 Personal information provided on this form is subject to NPV's privacy policy which is displayed at prominent places at NPV's hospital/ clinics that I can freely access to.
- 3 I promise to consider all potential options of treatments and choose the most appropriate one for the best interest of the animal.
- 4 All information provided above is true, correct, and accurate. I understand that the accuracy of information provided is critical to the case management of the animal.
- 5 I pledge to inform NPV in the soonest manner of any changes or updates to any of the information provided above, in particular, the list of authorized agent(s) / person(s) whom I confer with statutory or other lawful authority over the animal ("Authorized Persons") and any update of the animal's physical condition, including vaccination, medication, allergies that may have developed overtime since the date of this form. In the absence of my updated list of Authorized Persons, NPV shall use the current list of Authorized Persons to obtain medical consent for any treatments which your animal may undergo whilst being care for at NPV.
- 6 I have read, understood, and hereby agreed to be bound by this declaration.

Signature of the Registered owner /
the Authorized agent

Name of the Registered owner / the
Authorized agent

Date