



WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you !

Registration

Owner's Name _____ Spouse / Other _____

Address _____ City _____ Province _____ P. Code _____

Home Ph _____ Work Ph _____

E-mail _____ Cell Ph _____

Employer's Name & Address _____

Name & Phone of alternate Guardian _____

Pet Health History

Pet's Name _____ Date of Birth _____

Type of Animal: Dog Cat Other

Sex: Male Neutered Female Spayed

Is your pet insured : Yes No

Breed _____ Colour _____

Vaccination History (Date & type of last vaccination) _____

Describe your pet's diet _____

Other Pets in your household _____

Previous Veterinarian (if records may be needed) _____

How did you hear of us _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet.

I assume responsibility for all charges incurred in the care of this animal, I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of owner / agent _____ Date _____