

New Client Registration Form

CLIENT INFORMATION

Owner: _____ Date: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Work Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Number of Pets: Dogs: _____ Cats: _____ Other (Specify): _____

PET HEALTH HISTORY

Name of Pet: _____ Dog: Cat: Other: _____

Breed: _____ Colour: _____ Age/Birthday: _____

Microchip: _____ Male: Female: Neutered: Spayed: Vaccination

History (date and type of last vaccinations):

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____

Date: _____