

# NEW CLIENT & PATIENT REGISTRATION

Client First & Last Name \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Cell Phone # 1: \_\_\_\_\_ Cell Phone#2: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\*Email \_\_\_\_\_

Preferred Method of Communication:    Email                    Phone                    Postal Mail

Please note: Your privacy is important to us.  
All information received in all forms and through other communications is subject to our **Patient Privacy Policy**.

## PET INFORMATION

**Pet #1**

Pet's Name \_\_\_\_\_ "Nickname" \_\_\_\_\_

How long have you had your Pet? \_\_\_\_\_ # of Pets in the Household \_\_\_\_\_

Age/DOB \_\_\_\_\_ Species: Cat Dog Rabbit Bird Rat Guinea Pig Other

Breed \_\_\_\_\_ Sex: Spayed Female Female Neutered Male Male

Coat Color \_\_\_\_\_ Microchipped?    Yes or No

Allergies? yes or no If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Current Medical Conditions: yes or no If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: yes or no If yes, please List here:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Previous Veterinarian: yes no

If yes, Name and contact Information: \_\_\_\_\_

**Pet#2**

Pet's Name \_\_\_\_\_ "Nickname" \_\_\_\_\_

How long have you had your Pet? \_\_\_\_\_ # of Pets in the Household \_\_\_\_\_

Age/DOB \_\_\_\_\_ Species: Cat Dog Rabbit Bird Rat Guinea Pig Other

Breed \_\_\_\_\_ Sex: Spayed Female Female Neutered Male Male

Coat Color \_\_\_\_\_ Microchipped? Yes or No

Allergies? yes or no If yes, please describe:

\_\_\_\_\_

Current Medical Conditions: yes or no If yes, please describe:

\_\_\_\_\_

Current Medications: yes or no If yes, please List here:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Pet #3**

Pet's Name \_\_\_\_\_ "Nickname" \_\_\_\_\_

How long have you had your Pet? \_\_\_\_\_ # of Pets in the Household \_\_\_\_\_

Age/DOB \_\_\_\_\_ Species: Cat Dog Rabbit Bird Rat Guinea Pig Other

Breed \_\_\_\_\_ Sex: Spayed Female Female Neutered Male Male

Coat Color \_\_\_\_\_ Microchipped? Yes or No

Allergies? yes or no If yes, please describe:

\_\_\_\_\_

Current Medical Conditions: yes or no If yes, please describe:

\_\_\_\_\_

Current Medications: yes or no If yes, please List here:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Previous Veterinarian: yes no

If yes, Name and contact Information: \_\_\_\_\_

**Pet #4**

Pet's Name \_\_\_\_\_ "Nickname" \_\_\_\_\_

How long have you had your Pet? \_\_\_\_\_ # of Pets in the Household \_\_\_\_\_

Age/DOB \_\_\_\_\_ Species: Cat Dog Rabbit Bird Rat Guinea Pig Other

Breed \_\_\_\_\_ Sex: Spayed Female Female Neutered Male Male

Coat Color \_\_\_\_\_ Microchipped? Yes or No

Allergies? yes or no If yes, please describe:

\_\_\_\_\_

Current Medical Conditions: yes or no If yes, please describe:

\_\_\_\_\_

Current Medications: yes or no If yes, please List here:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Previous Veterinarian: yes no

If yes, Name and contact Information: \_\_\_\_\_

Previous Veterinarian: yes no

If yes, Name and contact Information: \_\_\_\_\_

**All payments are due at the time of services rendered.**

We are glad to accept Cash, Debit, Visa & MC. I have read and understand the above statements and agree to all terms therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_