



Client Registration Form

Client ID: _____

Owner's Name First: _____ Last: _____

Co-Owner's Name First: _____ Last: _____

Address: _____ City: _____ Postal Code: _____

Phone Numbers Name: _____

Home: _____ Work: _____ Cellular: _____

Name: _____

Home: _____ Work: _____ Cellular: _____

May we send you pet friendly information by email?

- Yes, my e-mail address is as follows: _____
No, I decline to have pet friendly information sent to my email address.

Pet's Name: _____ Breed: _____ Color: _____ Birthdate: _____ Sex: Male Female Neutered Male Spayed Female Tattoo &/or microchip #: _____ Date last seen by a Veterinarian: _____ Date of last vaccine: _____ Does this pet have health insurance: yes no If so, which company? _____ Are you the full owner of this pet? yes no

Pet's Name: _____ Breed: _____ Color: _____ Birthdate: _____ Sex: Male Female Neutered Male Spayed Female Tattoo &/or microchip #: _____ Date last seen by a Veterinarian: _____ Date of last vaccine: _____ Does this pet have health insurance: yes no If so, which company? _____ Are you the full owner of this pet? yes no

How did you hear about our clinic? _____ Did a friend recommend you? Name: _____ Phone Number: _____

Do you currently have a Veterinarian? Yes No Were you advised to come here by your Veterinarian? Yes No

What is the name of the clinic: _____

I understand that all fees are payable in full at the time services are rendered. If I am unable to pay in full, I must notify prior to treatment. Should my pet be hospitalized, I will receive an estimate and must leave a deposit of 50% of the estimate. Accepted payment forms are Cash, Debit Card, MasterCard, Visa and Medi-Card.

In accordance with the Privacy Act, I understand my rights for privacy and that personal information will not be released without my consent. I consent and authorize to disclose the necessary personal information required for the continued good health of my pet, in communicating with other Veterinarians, specialists and any other relevant third party.

I certify that all the information is correct and that I have read and understand the above payment information and agree to the payment terms.

Owner's Signature: _____ Date: _____

Client Care Specialist Signature: _____ Date: _____