REGISTRATION FORM

Today's date:	File No.:

OWNER INFORMATION

Owner's last name:	First:	Middle:

Address:	City:	Postal Code:

Home phone no.:	Work phone no.:	Mobile phone no.:

E-mail:

How did you know about our hospital (please check one box):

❑ Website ❑ Google search ❑ Hospital Sign ❑ Breeder ❑ Friend/ Another client ❑ Another Vet: Dr. ____________

If you chose Friend/Another client, please provide us with his/her contact info to thank them:

Name:	Mobile phone no.:	E-mail:

PET INFORMATION

Pet's name:	Age:	Birth date: / /

Species: ❑ Dog ❑ Cat ❑ Bird ❑ Rabbit ❑ Hamster ❑ Other

If other, please specify:

Sex: ❑ M ❑ F	Neutered/ Spayed? ❑ Yes ❑ No ❑ I don't know	Breed:	Color:

Is your pet currently on medication(s)? ❑ Yes ❑ No ❑ I don't know

If yes, please specify:

Has your pet ever experienced any allergic reaction to a prescribed medication? ❑ Yes ❑ No

If yes, please specify:

Has your pet ever had difficulty with anesthesia or tranquilizing drugs? ❑ Yes ❑ No

The above information is true to the best of my knowledge. I understand that I am financially responsible to pay for all services at the time they are rendered.

____________________________ ____________________

Client/Owner signature *Date*