

CLIENT REGISTRATION FORM

Client Name:		Spouse/Partner Name:	
Address (include P.O. Box if applicable):			
City		Postal Code:	
Main Contact Number:	Work Number:	Alternate Number:	
E-Mail:			
Emergency/Alternate Contact Name(s) Other than Spouse/Partner:			
Emergency Contact Phone Number(s):			
Do you authorize your Emergency Contact to make medical and financial decisions? Y / N		Including Euthanasia? Y / N	
Authorize consent to treatment up to: \$ _____		Signature:	
PATIENT INFORMATION			
Pet's Name:			
Species: Dog Cat Other: _____			
Breed:	Colour:	Markings:	
Date of Birth:	Sex: Male Female	Spayed/Neutered: Y / N	
Tattoo:	Microchip Number:		
Previous Veterinarian/Clinic Name:			
Previous Clinic Phone Number/Fax Number:			
Date last seen by previous Veterinarian:		Date of last vaccination(s):	
Recent Medical History/Surgery:			
Any known drug/food allergies:		Do you feed your pet RAW meat? Y / N	
Current Medications:			