

NEW PATIENT REGISTRATION

Your Name _____
Address _____
City _____ Province _____ Postal Code _____
Home Phone _____ Cell Phone #1 _____
Work Phone _____ Cell Phone #2 _____
*Email _____

*Please enroll me as a registered member of the hospital website: **Yes** No

As a registered member I will be able to:

I Make better decisions about pets' health & well-being I Discover ways to help your pet live a longer & healthier life I
I Inform if pet is lost/deceased I Notify of address change I

*Please subscribe me to the **FREE** Pet Living & Wellness Newsletter: **Yes** No

Topics of Interest: Dogs Cats Horses Birds Reptiles Rodents Dr/Member Announcements.

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's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____

Breed Dog / Cat / Other _____ Male Female

Male / Neuter Female / Spay

All payments are due at the time of services rendered.

We accept debit, Visa or MasterCard as forms of payment.

I have read and understand the above statements and agree to all terms therein.

Signature: _____ Date: _____