



*Welcome to our Clinic*

**CLIENT INFORMATION:**

**Owners Name:** \_\_\_\_\_ **Co-Owner/Other:** \_\_\_\_\_  
(Last, First)

**Home Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Co-Owner Phone:** \_\_\_\_\_

**Email (for reminders):** \_\_\_\_\_

**How did you hear about our hospital:** \_\_\_\_\_

**Was your pet previously seen at another hospital:** \_\_\_\_\_  
(Name of Hospital/Clinic)

**Would you like your files transferred?: ( YES / NO )**

**PET INFORMATION:**

**Name:** \_\_\_\_\_ **Species:** Canine Feline Other: \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Colours/Marking:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** Male Female **Date of Birth (if known):** \_\_\_\_\_

**Microchip:** Yes No **Tattoo:** Yes No **Spayed/ Neutered:** Yes No

**Current medication/supplements:** \_\_\_\_\_

**Current flea/de-worming/parasite treatment:** \_\_\_\_\_

**Food or drug allergies:** \_\_\_\_\_

*Providing Care from the Heart*

(Please print and fill out this form before your appointment).