

## Client Registration Form

Owner's Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address \_\_\_\_\_ Unit \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

Co-owner's Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Co-owner's Phone Number: \_\_\_\_\_

Owner's Email: \_\_\_\_\_ Co-owner's Email: \_\_\_\_\_

Your Pet's Name \_\_\_\_\_ Is your pet a  DOG  CAT

Is your dog or cat a  Spayed Female  Neutered Male  Female  Male

Is your cat  Indoor  Outdoor  Indoor/Outdoor Other: \_\_\_\_\_

Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Or Age: \_\_\_\_\_

Breed \_\_\_\_\_ Color: \_\_\_\_\_

Tattoo or Microchip Number: \_\_\_\_\_ Your Pet Personality: \_\_\_\_\_

Does your pet have health insurance?  Yes  No Company/Policy Number: \_\_\_\_\_

Does your pet have allergies or a history of major health problems? \_\_\_\_\_

Name of previous clinic/hospital: \_\_\_\_\_ Would you like us to request medical records  Yes  No  
Other: \_\_\_\_\_

How did you hear about us:  Google  DVC website  Friend  Live in area  Facebook  Internet Search

Other: \_\_\_\_\_ Your Friend's Name: \_\_\_\_\_

**By signing this form, I hereby authorize Downtown Veterinary Clinic to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that a deposit may be required before diagnostics and treatments can be initiated and that payment in full is required prior to discharge of patient from Downtown Veterinary Clinic.**

Owner's or Representative's signature: \_\_\_\_\_ Date: \_\_\_\_\_