Menzies Pet Hospital

Patient Registration Form

(PLEASE PRINT)

Today's Date:

Client Information

Owners First Name:	*Owners Last Name:*	*Spouse/Other:*

Street address:	*Mailing Address (If different from street address):*

City:	*Province:*	*Postal Code:*	*Home Phone No.:*	*Cell Phone No.:*	*Work Phone No.:*
			( )	( )	( )

Email:	*Spouse/Other Cell phone No.:*	*Spouse/Other Work No.:*
	( )	( )

Preferable method of contact : ❑ *Home Phone* ❑ *Cell Phone* ❑ *Spouse Cell phone* ❑ *Email* *Best Time to contact you:*

Occupation:	*Employer:*

Chose clinic because/Referred to clinic by (please check one box): ❑ *Dr.* _____ ❑ *Yellow Pages* ❑ *Internet*

❑ *Family* ❑ *Friend* ❑ *Close to home/work* ❑ *Hospital/clinic :* ❑ *Other:*

Other family members seen here:

Patient Information

How many pets do you have?	*Do you have pet insurance:* ❑ *Yes* ❑ *No*	*If yes, What is the Name of company:*

Pet's Name:	*Breed:*	*Sex:*		*Neutered or Spayed?*		*Birthday or Approx. Age:*
1.	•	❑ *M*	❑ *F*	❑ *Yes*	❑ *No*	•
2.	•	❑ *M*	❑ *F*	❑ *Yes*	❑ *No*	•
3.	•	❑ *M*	❑ *F*	❑ *Yes*	❑ *No*	•

Previous Vet Clinic where record(s) may be obtained:	*Do authorize us to contact previous vet for your pets medical records:* ❑ *Yes* ❑ *No*

In case of emergency

Name of local friend or relative (not living at same address):	Relationship to client:	Home phone no.:	Work or cell phone no.:
		( )	( )

I hereby certify that I am 19 years of age or older and that the above information is true to best of my knowledge. I assume responsibility for all charges incurred in the treatment and care of my pet(s). I also understand that these charges must be paid at the time when services are given and that a deposit maybe required up front.

Owner or Responsible Party Signature:	*Print Name:*

OFFICE USE ONLY

Client Drivers License or BC I.D Number:	***Staff Signature:***	***Print Name:***