



Client Registration Form

Primary Owner's Information

First name: _____ Last name: _____

Street address: _____ Unit# _____

City: _____ Province: _____ Postal Code: _____

Primary owner's phone: Home: _____ Mobile: _____ Work: _____

Primary owner's email: _____

Secondary Owner's Information

First name: _____ Last name: _____

Phone number: _____ Email: _____

Emergency Contact

Emergency contact name: _____

Emergency contact phone number: _____

Pet Information

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's 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

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 is 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: _____

