



Welcome!

Please help us get to know you and your pet(s).

Date _____ \ 20_____

How did you hear about us? _____

YOUR INFORMATION

Last Name _____ First Name _____

Address _____

City _____ Postal Code _____ Phone (home) _____

Phone (work) _____ (cell) _____ E-mail _____

Spouse or emergency contact name _____

Spouse or emergency contact phone _____

YOUR PET'S INFORMATION

Pet's Name (1 st Pet)	Pet's Name (2 nd Pet)
Dog / Cat _____ Other(specify) _____	Dog / Cat _____ Other(specify) _____
Breed _____ Coat type _____ short / long / medium Color _____	Breed _____ Coat type _____ short / long / medium Color _____
Date of birth(mm/dd/yy) _____	Date of birth(mm/dd/yy) _____
Male _____ Neutered _____ Female _____ Spayed _____	Male _____ Neutered _____ Female _____ Spayed _____
Does your pet have: ID tattoo? [] Yes [] No Microchip? [] Yes [] No	Does your pet have: ID tattoo? [] Yes [] No Microchip? [] Yes [] No
Has your pet ever received a Rabies vaccination? [] Yes [] No	Has your pet ever received a Rabies vaccination? [] Yes [] No
Does your pet have any medical conditions we should know about (or had any major surgeries)? [] Yes [] No If so, what?	Does your pet have any medical conditions we should know about (or had any major surgeries)? [] Yes [] No If so, what?
Has your pet had a reaction to a food, medication or vaccine (that you are aware of)? [] Yes [] No	Has your pet had a reaction to a food, medication or vaccine (that you are aware of)? [] Yes [] No
Do you travel with your pet (leave the Edmonton or Sherwood Park area)? [] Yes [] No	Do you travel with your pet (leave the Edmonton or Sherwood Park area)? [] Yes [] No
Is your pet exposed to other pets (that you do not own or live with)? [] Yes [] No	Is your pet exposed to other pets (that you do not own or live with)? [] Yes [] No
Is there anything else important we should know about your pet? If so, what?	Is there anything else important we should know about your pet? If so, what?