

PINE RIDGE VETERINARY CLINIC

Pet Registration

Date: _____

Thank you for giving us the opportunity to serve you.

Name: _____ Mr. ___ Mrs: ___ Dr: ___ Miss/Ms: ___
Address: _____ City: _____ Postal Code: _____
Phone Number : _____ Cell # _____
Place of Employment : _____ Phone Number: _____
Name of Spouse or Partner: _____
Spouse/Partner's place of employment: _____
Email: _____ Would you like to receive our weekly email: _____
Would you like to have access to our online store: _____
Would you like to take advantage of 30 days of free pet insurance: _____
Pet's Name: _____ Breed: _____ Sex: _____ Wt: _____
Birth Date: _____ / _____ / _____ / Colour: _____ Spay/Neutered? _____
Mo. Day Year

PREVIOUS MEDICAL HISTORY

1. Previous Veterinarian's Name: _____
2. Date and nature of last visit: _____
3. Where did you obtain your pet: Pet Store _____ Shelter _____ Breeder _____ Other _____
4. When did you obtain your pet? _____
5. Is your pet currently on medication or a special diet, please specify _____
6. Are there any prior illnesses or surgeries we should know about? _____
7. Has your pet had any problem with anaesthetics? _____

HOSPITAL INFORMATION

How did you choose us? Our Location? _____ Website _____ Facebook _____ Referred by? _____

FULL payment is required **at the time services are rendered** or upon discharge if the animal is hospitalized. If you have special concerns on cost limits or services to be provided, **please let us know at time of admission;** otherwise, we will use our best judgement in the treatment of your pet.

Preferred method of payment: Cash _____ VISA _____ Interac _____ M/C _____

I agree to pay for professional services and medications as they are rendered. The information on this form is true and accurate:

Please indicate any additional individual (s) you will authorize as a signing agent for your pet's care: _____

SIGNATURE _____ DATE _____