

Wilmot Veterinary Clinic Professional Corporation

1465 Trussler Road, Kitchener, ON, N2R 1S7

CLIENT REGISTRATION FORM

Pet Owner's Name:		Spouse:	
Address:		City:	Postal Code:
Home Phone:		Work Phone:	
E-mail:		Cell phone:	
Emergency Contact Name:		Emergency contact phone(s):	
Emergency Contact Address:		How did you hear about us?	

Patient Information

Name:		
Dog or Cat	Colour:	Markings:
Breed:	Age or Birth Date:	
Sex: Male or Female	Altered/Fixed : Yes No	
Tattoo:	Microchip #	
Previous Veterinary Clinic:		Pet Insurance? Yes No
Consent to request medical records from previous veterinary clinic? Yes No		
Consent to release pet's vaccine history to a kennel or animal shelter if requested? Yes No		
Consent to release your phone number if your pet is found at large? Yes No		
Last Veterinary treatment:		
Prior Vaccine Reaction: Yes No		
Any known drug allergies or reactions:		
Prior illness/surgery:		
Current Medications:		
Diet restrictions/supplements:		
Reason for today's visit:		

Client's Signature

Date