



New Tecumseth Animal Clinic Companion Animal Client Registration Form

CLIENT/ OWNER INFORMATION

Name:

Address:

City:

Province:

Postal Code:

Phone Numbers: Home:

Cell:

Work:

Email:

Preferred method of contact: Home Cell text work Email

EMERGENCY CONTACT INFORMATION

Name:

Phone Numbers: Home:

Cell:

Work:

Email:

Preferred method of contact: Home Cell text work Email

In the event that I am unavailable, the individual named above is authorized to; Make **medical/ financial** decisions on behalf regarding the animals named below up to \$ -----

PET INFORMATION

Pet's Name:

Species: Dog / Cat / Other

Date of Birth:

Breed:

Sex: Male Female

Spayed/ Neutered: Yes No

Color:

Microchip #:

Diet:

Pet's Name:

Species: Dog / Cat / Other

Date of Birth:

Breed:

Sex: Male Female

Spayed/ Neutered: Yes No

Color:

Microchip #:

Diet:

How did you hear about us: Friend/ Saw Location/ Flyer/ other?

Payment Policy

Full payment is required upon rendering of services. Deposits may be required on major medical/ surgical procedures, trauma cases and emergency work where hospitalization is required. Payment must be made in CASH, DEBIT CARD (INTERAC), VISA or MASTERCARD. We regret that we are unable to accept cheques or AMEX. If for any reason payment cannot be made today, arrangements may be made with the Hospital staff PRIOR to seeing the doctor.

Client Signature:

Date: