



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		Breed _____		Coat type short / long / medium	
Color _____		Color _____		Color _____		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		Does your pet have: ID tattoo?		[] Yes [] No	
Microchip?		[] Yes [] No		Microchip?		[] Yes [] No	
Has your pet ever received a Rabies vaccination?				Has your pet ever received a Rabies vaccination?			
[] Yes [] No				[] Yes [] No			
Does your pet have any medical conditions we should know about (or had any major surgeries)?				Does your pet have any medical conditions we should know about (or had any major surgeries)?			
If so, what? [] Yes [] No				If so, what? [] Yes [] No			
Has your pet had a reaction to a food, medication or vaccine (that you are aware of)?				Has your pet had a reaction to a food, medication or vaccine (that you are aware of)?			
[] Yes [] No				[] Yes [] No			
Do you travel with your pet (leave the Edmonton or Sherwood Park area)?				Do you travel with your pet (leave the Edmonton or Sherwood Park area)?			
[] Yes [] No				[] Yes [] No			
Is your pet exposed to other pets (that you do not own or live with)?				Is your pet exposed to other pets (that you do not own or live with)?			
[] Yes [] No				[] 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?			