



South Point Pet Hospital

#108 – 2828 152nd Street, Surrey BC

CLIENT & PATIENT REGISTRATION FORM

CLIENT / OWNER INFORMATION

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Spouse's Name: _____ Cell Phone: _____

E-mail Address: _____

How did you become aware of our hospital? _____

PATIENT INFORMATION

	Pet 1	Pet 2	Pet 3	Pet 4
Pet's Name				
Species (cat, dog, etc.)				
Breed				
Description / Color				
Date of Birth				
Sex				
Spayed / Neutered				
Date Last Vaccinated				

Has your pet had any previous illnesses or surgeries? _____

Has your pet had any allergies to vaccinations or medications? _____

Is your pet currently on any special diet or medication? _____

Previous veterinary care for your pet has been provided by: _____

I assume full responsibility for all fees incurred in the care of my pet(s). I also understand that these fees will be payable at the time services are rendered and that a deposit may be required for the veterinary care of my pet(s). We accept VISA, MASTERCARD, AMEX, DEBIT and CASH as forms of payment. By signing this form I also give permission to have my pet's medical records transferred from the previous veterinary hospital(s) I have attended.

Client Signature

Date

*Thank you for giving the Doctors and Support Staff at South Point Pet Hospital the opportunity to care for your family pet(s). We look forward to exceeding your expectations in veterinary care.
We hope this will be the beginning of a very special relationship between yourself, your pet(s) and our veterinary health care team.*