

WELCOME TO MCGILVRAY VETERINARY HOSPITAL

Please take a moment to print and complete this owner & pet registration prior to your first visit.

Last Name: First Name..... (Mr./Mrs./Miss/Ms/Dr.)

Permanent Address.....

City..... Province..... Postal Code

Home Tel: Business Tel:

Alternate Tel: Email Address:

Emergency Contact Name:..... Phone #:.....

WHOM MAY WE THANK FOR REFERRING YOU?

Name:..... Professional Referral.....

Other.....Which Doctor would you like to see?.....

PET INFORMATION

Pet Name..... Sex..... Spayed / Neutered Approx. Weight.....

Dog / Cat Breed..... Colour..... Birth Date.....

Breeder..... Microchip Pet Insurance.....

VACCINATION

Date Vaccines Administered..... Clinic

Special Past History/medical concerns.....

Allergies

Reason for Today's Visit.....

METHOD OF PAYMENT

Cash..... Visa..... Mastercard..... Cheque..... Interac/Debit Card.....

I understand and agree to the fact that it is the policy of this Hospital to receive payment as services are rendered and where major medical/surgical expenses are anticipated, a deposit will be required prior to proceeding.

Date..... Signature.....

For the safety of all pets and people, please keep your pet restrained by leash or carrier at all times.

Thank you for your co-operation in this regard.