

New Client Form

We are looking forward to meeting you and your pet(s)! Please take a moment to fill in the requested information below in order for us to create a patient file for your pet(s).

Your first and last name(s): _____

Phone Number(s): _____

Email Address: _____

Home Address: _____

Postal Code: _____

Patient #1

Your pets name: _____

Sex: _____

Are they Spayed or Neutered? Yes No

Species: Cat Dog

Breed: _____

Colour(s): _____

Your pets birthday or estimated age: _____

Patient #2

Your pets name: _____

Sex: _____

Are they Spayed or Neutered? Yes No

Species: Cat Dog

Breed: _____

Colour(s): _____

Your pets birthday or estimated age: _____

Patient #3

Your pets name: _____

Sex: _____

Are they Spayed or Neutered? Yes No

Species: Cat Dog

Breed: _____

Colour(s): _____

Your pets birthday or estimated age: _____

Health conditions, behavioural concerns or anything at all you would like us to know about your pet(s):

Pet's previous clinic(s): _____

Would you like us to request your pets medical records?: Yes No

If you are in BC we are happy to request your pets records from your previous clinic. If you are from outside of B.C. we ask that you call the clinic to have your records sent to our email or fax number below as they will require your permission to release them to us. If your pet is new to you we ask that you bring any records that were provided to your first visit.

Thank you for taking the time to help us get to know you and your pet(s)!
Once we have built your patient file(s) we will be in touch to book an appointment.

If you have an urgent need for an appointment please give us a call.