

**EDMONTON WEST ANIMAL HOSPITAL & SPAY/NEUTER CENTER**

**REGISTRATION FORM**

Welcome! Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, please take the time to fill out this form. Thank you!

Owners Name

Owners Email

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By providing your email address you agree to receive communications regarding your pets health, upcoming appointments, reminders for vaccinations, test results etc. Providing your email also helps us to go paperless

Phone

Mailing Address

<u>Home</u>		<u>Address</u>	
<u>Cell</u>		<u>City</u>	
<u>Work</u>		<u>Post code</u>	

	<u>Pet 1</u>	<u>Pet 2</u>	<u>Pet 3</u>
<u>Name</u>			
<u>Age/D.O.B</u>			
<u>Cat or Dog</u>			
<u>Breed</u>			
<u>Sex</u>			
<u>Spayed or Neutered</u>			
<u>Color</u>			
<u>Allergies</u>			
<u>Microchip</u>			
<u>Insurance Company &amp; Policy number</u>			

How Did You Hear About us? (Circle one) Friend or relative / Google / Facebook /Yelp / Website / Drove by

**DO YOU GIVE US PERMISSION TO POST PICTURES OF YOUR PETS ON SOCIAL MEDIA YES/NO**

**AUTHORIZATION TO PROVIDE CARE**

I confirm I am 18 years old (or older) and I am the owner (or authorized agent of the owner) for the pet(s) listed above. With my signature, I authorize the veterinarians and staff of Edmonton West Animal Hospital & Spay/Neuter Centre to examine, treat, administer medications, and perform diagnostic and surgical procedures for my pet. I also agree to assume responsibility for all charges incurred in the care of my pet(s), as well as reasonable attorney's fees, court costs, and interest if the balance is sent for collection. I understand that full payment is due at the time services are rendered. I acknowledge that I have read, understand and agree with the above information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for appointment (walk in) \_\_\_\_\_