



11464- 17 Avenue SW  
Edmonton, Alberta, T6W 2S5  
(780)761-0350

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

#### NEW PATIENT REGISTRATION

Your name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\* PLEASE PROVIDE ANY MEDICAL HISTORY/PREVIOUS VACCINE HISTORY\*\* IF YOU DO NOT HAVE AT THIS TIME PLEASE BRING AS SOON AS POSSIBLE! THANK YOU ☺**

#### PET INFORMATION

By answering the following questions you will enable us to create a custom health plan for your pet. **Please circle all that applies** to help us look after your pet better.

Pets Name: _____	Dog/Cat/Other _____
Breed: _____	Microchip/ Tattoo _____
Age: _____	Male/Female _____
	Spayed/Neutered _____
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Breed: _____	Microchip/ Tattoo _____
Age: _____	Male/Female _____
	Spayed/Neutered _____

#### Living conditions/ Litter Habits:

- a) Indoors/Outdoors- If outdoors does your cat Hunt? \_\_\_\_\_  
b) Litter Box usage – what kind of litter does your cat use? \_\_\_\_\_

#### Diet:

- a) Dry cat food and or wet food. Please specify \_\_\_\_\_

#### Dental Care:

- a) Brushing of the teeth  
b) Dental treats  
c) Previous dental work  
d) Other \_\_\_\_\_

#### Medical History:

- Does your Pet have any medical problems that we should be aware of? YES NO. If Yes, Please Specify \_\_\_\_\_
- Does your animal have any allergies to vaccines, medication or food? YES NO, If yes please specify \_\_\_\_\_
- Has your pet travelled outside of Alberta in the last year? Do you plan on travelling with your pet in the next year? YES NO If Yes, Where to? \_\_\_\_\_
- Does your pet currently have pet insurance? YES NO \_\_\_\_\_
- Is there any children under the age of 10 years in your household? YES NO. How old? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**\*\* By providing your email you are authorizing us to send you email reminders\*\***