

## NEW PATIENT REGISTRATION

YOUR NAME \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Please note: Your privacy is important to us. All information received in all forms and through other communication is subject to our Patient Privacy Policy.

Please circle your responses.

Please enroll me as a registered member of the Selkirk Animal Hospital website: Yes No

Please subscribe me to the **FREE** Pet Living & Wellness Newsletter: Yes No

My topics of interest: Dogs Cats Horses Birds Reptiles Rodents Dr. Announcements

## PET INFORMATION

1. Pets' Name \_\_\_\_\_ Breed \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered Y or N  
Colour \_\_\_\_\_ Tattoo or Microchip Number \_\_\_\_\_  
Last vaccines given \_\_\_\_\_  
Date of last vaccines \_\_\_\_\_ Medications \_\_\_\_\_  
Any medical conditions? \_\_\_\_\_

2. Pets' Name \_\_\_\_\_ Breed \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered Y or N  
Colour \_\_\_\_\_ Tattoo or Microchip Number \_\_\_\_\_  
Last vaccines given \_\_\_\_\_  
Date of last vaccines \_\_\_\_\_ Medications \_\_\_\_\_  
Any medical conditions? \_\_\_\_\_

3. Pets' Name \_\_\_\_\_ Breed \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered Y or N  
Colour \_\_\_\_\_ Tattoo or Microchip Number \_\_\_\_\_  
Last vaccines given \_\_\_\_\_  
Date of last vaccines \_\_\_\_\_ Medications \_\_\_\_\_  
Any medical conditions? \_\_\_\_\_

Is there any other information we should have in order to better care for your furry family member? \_\_\_\_\_  
\_\_\_\_\_