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PROFESSIONAL CORPORATION

32-7070 St. Barbara Blvd, Mississauga ON L5W 0E6
Phone: 905-670-1414 Fax: 905-670-1404

CLIENT/PATIENT REGISTRATION FORM

Thank you for giving Derry Village Animal Clinic the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill in the form completely.

OWNER'S LAST NAME _____ FIRST NAME _____
ADDRESS: _____
CITY: _____ PROVINCE: _____ POSTAL CODE: _____
HOME PHONE _____ CELL/ALTERNATE PHONE: _____
E-MAIL ADDRESS: _____

IN CASE OF AN EMERGENCY WHEN I CANNOT BE REACHED TO MAKE AN IMMEDIATE MEDICAL DECISION, CALL:

NAME: _____ RELATIONSHIP _____ PHONE: _____
HOW DID YOU HEAR ABOUT OUR CLINIC? GOOGLE YELLOWPAGES FACEBOOK KIJJI FRIEND _____ OTHER _____

PET'S INFORMATION

PET'S NAME: _____
BREED: _____
SPECIES: CAT DOG OTHER _____
SEX: MALE FEMALE
SPAYED OR NEUTERED? YES NO
MICROCHIPPED? YES NO
COLOR/MARKINGS: _____
DATE OF BIRTH: _____
DATE OF LAST VACCINATION: _____
PRE-EXISTING MEDICAL CONDITIONS/ALLERGIES: _____
CURRENT MEDICATIONS: _____
PREVIOUS/CURRENT VETERINARIAN: _____

Request copy of previous medical records

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CONSENT

I understand and accept responsibility for any injuries incurred to myself or other members of my party by my pet. I hereby authorize the veterinarian to examine, prescribe for or treat the above described animal. I assume responsibility for all charges incurred in the care and treatment of this animal. I realize that a deposit may be required, and I understand that these charges will be paid in full at the time of treatment, surgery, or diagnostic procedure.

NOTE: We have trained staff to restrain your pet for examination or treatment. If you elect to restrain your own pet, please understand we cannot be responsible for any injury incurred to you or your pet.

I, _____, hereby grant Derry Village Animal Clinic permission to take photographs of myself and/or my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my name and/or my pet's name.

By signing and dating this document I authorize Derry Village Animal Clinic to edit, alter, share, remix, tweak, build upon or in any way alter the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my pet's image(s) and name(s) for the personal or commercial purposes outlined above.

SIGNATURE: _____

DATE: _____