



# WELCOME

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank you!

## REGISTRATION

Date \_\_\_\_\_

Owner \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone# \_\_\_\_\_ Spouse Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Cell Number for Text Reminders \_\_\_\_\_

Pet Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

I agree to receive vaccination reminders, hospital information and other communications from Deer Park Pet Hospital, 4-420 Allan St. Red Deer, AB. Ph.403-342-5200. I may withdraw my consent at any time.

## PET HEALTH HISTORY

Name of Pet \_\_\_\_\_ Dog  Cat  Other  \_\_\_\_\_

Breed \_\_\_\_\_ Colour \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm/dd/yyyy

Male  Neutered  Female  Spayed

Vaccination History

K9 - Rabies	<input type="checkbox"/>	Fe - Rabies	<input type="checkbox"/>	Date performed	_____
K9 - Distemper	<input type="checkbox"/>	Fe - Distemper	<input type="checkbox"/>	Date performed	_____
K9 - Parvo	<input type="checkbox"/>	Fe - Leukemia	<input type="checkbox"/>	Date performed	_____
Other	<input type="checkbox"/>	Specify _____		Date performed	_____

Pet's current medications \_\_\_\_\_ Pet's current diet \_\_\_\_\_

## AUTHORIZATION

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED. In admitting my pet(s) for diagnostic, treatment, or surgery, I authorize the veterinarians of Deer Park Pet Hospital, and their support staff, to perform such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. It is understood that an estimate of charges will be given for services at the client's request. No guarantee or assurance can be made as to the results that may be obtained. I understand that a deposit of 50% may be required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_