

**New Client Information (please print)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Secondary Name(s) (partner, children or anyone else with authorization to bring your pet in): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province (if not Alberta) \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone Numbers: Primary \_\_\_\_\_ (Home/Cell/Work)

Secondary \_\_\_\_\_ (Home/Cell/Work)

\*E-mail Address (used for vaccine reminders/pet insurance trial only)

\_\_\_\_\_

Would you like a complimentary (free), no obligation trial of pet insurance with your pets exam? Unfortunately this only applies to dogs or cats.

- Trupanion (4 week trial)
- Petsecure (6 week trial)

PET NAME \_\_\_\_\_

Age/D.O.B. \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Gender \_\_\_\_\_

Spayed or Neutered? Yes / No

Colour \_\_\_\_\_

PET NAME \_\_\_\_\_

Age/D.O.B. \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Gender \_\_\_\_\_

Spayed or Neutered? Yes / No

Colour \_\_\_\_\_

PET NAME \_\_\_\_\_

Age/D.O.B. \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Gender \_\_\_\_\_

Spayed or Neutered? Yes / No

Colour \_\_\_\_\_