

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 _____

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