

### NEW PATIENT REGISTRATION

**Your Name**

**Address**

**City** **Province** **Postal Code**

**Home Phone** **Cell Phone**

**Work Phone** **Email**

### PET INFORMATION

<b>Pet's Name</b>				<b>Age/DOB</b>	
<b>Breed</b>	<b>Dog</b>	<b>Cat</b>	<b>Other</b>	<b>Male</b> <b>Male/Neutered</b>	<b>Female</b> <b>Female/Spayed</b>

<b>Pet's Name</b>				<b>Age/DOB</b>	
<b>Breed</b>	<b>Dog</b>	<b>Cat</b>	<b>Other</b>	<b>Male</b> <b>Male/Neutered</b>	<b>Female</b> <b>Female/Spayed</b>

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<b>Breed</b>	<b>Dog</b>	<b>Cat</b>	<b>Other</b>	<b>Male</b> <b>Male/Neutered</b>	<b>Female</b> <b>Female/Spayed</b>

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<b>Breed</b>	<b>Dog</b>	<b>Cat</b>	<b>Other</b>	<b>Male</b> <b>Male/Neutered</b>	<b>Female</b> <b>Female/Spayed</b>

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Your privacy is important to us. All information received in all forms and communications is subject to our Patient Privacy Policy.