

Rice Lake Animal Hospital

Pet Registration

Pet's Name: _____ Breed : _____
Birthdate/Age: _____ Sex: _____
Spay/Neutered: _____ Colour: _____

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Owner's Name: _____ Mr ___ Mrs ___ Dr ___ Ms ___

Address: _____ City: _____ Postal _____

Phone Numbers: home _____ work _____ cell _____

PO Box Number _____

Name of Spouse or Partner: _____

Email: _____

Do we have permission to email reminders or pertinent information eg food or drug recalls? Yes ___ No ___

Previous Medical History:

Is your pet on any medications or supplements? If so, please give details. _____

Please list any previous illnesses or surgeries. _____

What food is your pet on? _____

Hospital Information:

How did you choose us? _____

Is there someone we can thank for a referral? _____

Please give us an emergency contact person and phone number in case we can't reach you. _____

Signature: _____

Date: _____

