DEER PARK PET HOSPITAL

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

Hospital ID# _____ Date _____

Owner _____ Spouse _____

Address _____

City _____ Prov. _____ Postal Code _____

Home Phone _____ Cell Phone _____ Spouse Phone _____

Emergency Contact Name_____ Phone _____

Owner's Place of Employment _____ Phone _____

E-Mail Address _____

Preferred method for vaccine reminders Mail ☐ Email ☐

☐ 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.

Where did you hear about us? _____

PET HEALTH HISTORY

Name of Pet _____ Dog ☐ Cat ☐ Other ☐_____

Breed _____ Colour _____ Date of Birth _____

Male ☐ Neutered ☐ Female ☐ Spayed ☐

Vaccination History	K9 – Rabies	☐	Fe – Rabies	☐	Date performed _____
	K9 – Distemper	☐	Fe – Distemper	☐	Date performed _____
	K9 – Parvo	☐	Fe – Leukemia	☐	Date performed _____
	Other	☐	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 _____