

# ROSELAND ANIMAL HOSPITAL - CLIENT REGISTRATION FORM

## Information of the owner :

Name: First: _____ Last: _____	
Address: apt/unit#: _____	street no : _____ street name : _____
City : _____	Province : _____ Postal Code : _____
Residence Phone: _____	Business/ Workplace Phone: _____
Cell Phone: _____	E-mail: _____
<u>Alternate Contact</u> Name: _____	Phone #: _____

## How did you first hear of our hospital?

- Individual; Someone we may thank? \_\_\_\_\_
- Hospital Sign
- Newspaper
- Other \_\_\_\_\_

## Patient Information

Name: _____	
Species: Dog or Cat	_____
Breed: _____	Colour: _____
Birth Date/ Age: _____	Sex: M F spayed/neutered? Yes or No
Microchip: Yes No	Microchip# _____
Previous Veterinarian: _____	
Date of Last Rabies Vaccination : _____	
Prior illness/surgery: _____	
Ongoing Medications: _____	
Reason for today's visit: _____	
Client signature: _____	Today's Date: _____