



# Petite Pet Hospital & Wellness Centre

## New Client Information

Thank you for giving Dr Guest the opportunity to care for your pet(s). Please help us better meet your needs by taking a few moments to fill out this information sheet.

### Client information:

Owner's Name: \_\_\_\_\_ Other Name(s) on  
File: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal  
Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Other Phone  
#: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

\*Communication via e-mail helps us reach our goals of minimizing our environmental footprint and increases ease of communication with our clients.

### Pet Information:

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (cat, dog, rabbit, etc)			
Breed			
Colour and Markings			
Age or Date of Birth			
Sex	Male/Female	Male/Female	Male/Female
Neutered or Spayed?	Yes/No	Yes/No	Yes/No

Unless indicated otherwise, I agree to social media interaction via email, Facebook, Snapchat, WhatsApp, etc.

We agree that our pet and family pictures may be taken for discretionary display on Petite Pet Hospital's website and/or social media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_