



Patient Registration Form

Thank you for giving us the opportunity to serve you and your pet. Peace Arch Veterinary Hospital is a full service veterinary facility dedicated to providing your pet with the best veterinary care possible. Please help us by providing the following information.

Owner Name: _____ Spouse: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Spouse's Cell: _____ Email Address: _____

Pets Name	Species (Feline/ Canine)	Breed	Colour	Sex	Spayed or Neutered	Date of Birth

Previous Veterinarian, where we may obtain records if needed: _____

Do you have Pet Insurance? Yes No If yes, what company _____

If this is your first visit, please let us know how you heard about us:

A friend/individual; please let us know who we can thank: _____

Yellow Pages The Internet Hospital Sign / Location Local Business Other

Fees for professional services are due at the time of service.

We will be happy to prepare a written estimate if you wish. Please ask the receptionist or doctor.

To the best of my knowledge the information provided above is accurate and I acknowledge that I have been made aware that this information will be kept on file by Peace Arch Veterinary Hospital.

Date: _____ **Signature:** _____