

# Trans-Canada Pet Wellness Clinic

## WELCOME TO OUR PRACTICE



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

### CLIENT INFORMATION: Please print

Primary Contact	Spouse/Secondary Contact
First & Last Name _____	First & Last Name: _____
Primary Contact # (____) _____ H/ C/ W	_____ (relationship to Primary)
Alternate Contact # (____) _____ H/ C/ W	Primary Contact # (____) _____ H/ C/ W
Address: _____	Alternate Contact # (____) _____ H/ C/ W
City: _____ Postal Code: _____	
E-mail Address: _____	Look for us on Instagram @TC_petwellness

How did you become aware of our clinic?  
 Sign  Referral by a veterinarian \_\_\_\_\_  
 Internet  Other \_\_\_\_\_

### PATIENT INFORMATION:

Name of your Pet(s):		
Breed		
Date of Birth		
Colour		
Sex		
Spayed or Neutered		
<b>Vaccination History: Please include the date of last vaccinations given</b>		
Rabies		
Distemper / Parvo (Dogs only)		
Kennel Cough (Dogs only)		
Feline Leukemia		
Feline Respiratory Virus		
Deworming History		

Do you have pet insurance: Y / N If yes, which company: \_\_\_\_\_

If not, are you interested in learning more? Y / N

For dog owners - Does your dog travel outside of Alberta? Y / N If so, where? \_\_\_\_\_

- Does your dog go to off leash parks? Y / N

For cat owners-Does your cat go outside? Y / N

Does your pet have any allergies to medications or vaccines? If yes, please list: \_\_\_\_\_

Is your pet on any special diets or medications? Please list: \_\_\_\_\_

I hereby acknowledge that the Trans-Canada Pet Wellness Clinic does not offer credit and are unable to accept personal or business cheques. Payment is due at the time services are rendered. We are able to accept Cash, Debit, Mastercard and Visa.

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

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