



City Petcare Hospital

#120 - 7218 King George Hwy, Surrey, BC, V3W 5A5

Ph: 604-501-0077

PATIENT REGISTRATION FORM

Date: _____

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Previous Vet: _____

By providing my e-mail address, I hereby give City Petcare Hospital and its patrons consent to contact me. Please note that most of our reminders come via text message or e-mail. By signing this form you give your consent to be contacted.

Pets Name	Species	Breed	Sex	Spayed/Neuter	Color	Date of Birth/Age
1.	Dog/Cat		F/M	Yes/No		
2.	Dog/Cat		F/M	Yes/No		
3.	Dog/Cat		F/M	Yes/No		
4.	Dog/Cat		F/M	Yes/No		
5.	Dog/Cat		F/M	Yes/No		
6.	Dog/Cat		F/M	Yes/No		

I assume responsibility for all charges incurred in the care of these animals. I also understand that these charges must be paid at the time of release and that a deposit may be required. I understand that City Petcare hospital is an environmentally friendly establishment and therefore I authorize the use of text messages for reminders regarding my account and pets.

How did you hear about us? _____

Owner Signature: _____