## **REGISTRATION FORM – PET VISITS**

Please complete the questions below. Your detailed answers will help us to get to know you and your pet and allowing us to better care for your pet. Thank you!

SECTION A – YOUR PERSO	NAL INFORMATION				
First Name	Last Name	Business			
		, ON			
Street Address	City	Postal Code			
()_	()				
Home Phone	Cellular	Cellular Personal Email Address			
SECTION B – CONTACT IN	CASE OF EMERGENCY				
If there are decisions to be made below to make those decisions or		wellbeing (and I cannot be reached), I authorise the person			
below to make those decisions of	Trify bondin.				
First Name	 Last Name	Relationship to you			
	(	, ,			
Cellular	Home/Work	Email address			
		ot wait until you reach my emergency contact or myself,			
I,care with release from all liabiliti	es related to transportation, treatment	, authorise Marlé Peens to seek emergency veterinary t and expense. I will accept the outcome and consequences,			
therefor will not file suit against	any person or persons involved in the	e treatment of my pet. Marlé Peens agrees to notify me			
and/or my emergency contact as	soon as possible and to keep me updat	ed on the situation.			
Full name – please print	 Signature	 Date			
rumanie piedse print	Signature	Date			
SECTION C – YOUR VETER	 !INARIAN				
	_				
Clinic Name		() Phone			
		, ON			
Street Address	City	Postal Code			
Dr					
Name					
veterinarian and approve medica	I and/or emergency treatment as record while seeking treatment for client'	km, Marlé Peens is authorized to use the nearest available mmended by the veterinarian. Client is to reimburse Marlé s pet(s) and release her from any liability related to the			
Do you have pet insurance? □Y	es <b>\_</b> No If yes, please provide deta	ils below:			
, , ,	, . r				
Carrier	 Policy #	 Phone			

ECTION D – YOUR P	ET				
et Name	Breed		Age	Colour	
Pet's Birthday (DD - MM- YY)		Distinguishing Marks.		Spa	Spayed/Neutered: □Yes □No
ET CARE & SCHEDULE	·.				
		hedule:			
·		medule.			
• Arry special care in	structions:				
ECTION E - BEHAVIOL	JR				
<ul> <li>Show any sign of a</li> <li>If yes, what is the</li> <li>Any Fears? Please</li> <li>Has he/she ever bi</li> <li>If yes, what were</li> <li>May be given treat</li> <li>Any allergies, if so</li> <li>Tries to escape</li> <li>Favourite hiding pl</li> </ul>	ut of cage (If application) d? ggression? signs or triggers? specify. tten anyone? circumstances? sspecify: aces				☐ Yes ☐ No
<ul> <li>If concerns arise the Client authorizes p</li> <li>I take full legal and of Marlé and her a</li> </ul>	nat client's pet pos et to be placed in I financial responsi ssociates.	to post pictures of your pet es a danger to our health ar a kennel with all charges to bility for all of my pet's action	nd safety and the be paid by you th ons (to other pet	refore prohibit ne Client. s/humans/prop	us from caring for your pe
			5 /		
gnature:			_ Date:		