

Date:  
 Owner's Name Address: City:  
 Contact # Prov: Postal Code:  
 Alt Contact # Email:

**CHANGE OF ADDRESS:**

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Please provide the name & number of an alternate guardian of your pet(s):

Name		Contact #	Relationship to you:			
Pet's name	Date of Birth (DD/MM/YY)	Species	Breed	Sex (M/F)	Colour	Spay or Neuter

\*for internal use\*

Do you have Pet Insurance? Yes No  
 \*if YES: Vet Insurance Pet Care Pet Secure

I assume responsibility for all charges incurred in the treatment care of this/these animal(s).  
 I also understand that these charges must be paid at the time of release and that a deposit may be required for such surgical treatment.

Other (please specify)

Previous veterinarian where record(s) may be obtained if needed:

Owner or Responsible Party:

Date: