

New Client and Patient Registration

Welcome to South Tower Animal Hospital. Thank you for trusting us with your pet's veterinary care. We are dedicated to providing compassionate, high-quality care and treating your pet with the same respect and attention we would give a valued family member.

To help streamline your registration for your first appointment, please complete the following form in full. We sincerely appreciate your cooperation and look forward to caring for your pet. Please be sure to include the name and phone number of anyone you would like to have permission to bring your pet to appointments.

Contact Information

First Name

Last Name

Address

City

Postal Code

Home Phone

Cell Phone

Email

Other Relevant Information Regarding You or Your Family

Emergency Contact Information

First Name

Last Name

Home Phone

Cell Phone

Email

Pet Information

Pet Name

Species

Date of Birth/Age

Gender & Spayed/Neutered?

Breed

Colour/Markings

Microchip? Y/N

Microchip Number (if known)

Pre-Existing Medical Conditions/Allergies

Current Medications? Please List

Date of Last Vaccination

Name of Previous/Current Veterinarian

Previous Veterinarian Phone Number

What vaccines were given at last wellness exam?

- Rabies
- Canine DA2PP
- Canine Leptospirosis
- Canine Bordetella
- Canine Lyme
- Feline FVRCP
- Feline Leukemia (FeLV)

How did you hear about us?

All Payments are due at the time of services rendered.

I confirm that I have read and fully understand the statements above and agree to all terms. I have completed this form to the best of my knowledge, and all information provided is accurate and truthful.

Signature: _____

Date: _____