



LANSDOWNE ANIMAL HOSPITAL
 190-8351 Alexandra Road, Richmond, BC, V6X 3P3
 604-276-2423 www.lansdowneanimalhospitalbc.com

REGISTRATION

Please PRINT

Date: _____

Title: Miss/Mrs./Ms./Mr. **Owner's First & Last Name:** _____

Spouse/Other: _____ Relationship: _____

Address: Unit # _____ City: _____

Province: _____ Postal Code: _____ Home Phone: _____

Cell Phone: _____ E-Mail: _____

Preferred method of contact: Phone **Email**

How did you hear about us? _____ Referred by: _____

Pet Information

1) Pet's name: _____ Date of birth: _____

Species: _____ Breed: _____ Color: _____

Male: Neutered YES NO **Female:** Spayed YES NO

2) Pet's name : _____ Date of birth: _____

Species: _____ Breed: _____ Color: _____

Male: Neutered YES NO **Female:** Spayed YES NO

Medical Conditions that we need to be aware of (allergies, drug/vaccine reactions etc.)

Do you have Pet insurance? If yes, name of company _____

What does your pet eat? Dry Brand: _____ Canned: _____

Home cooked/Table scraps/Raw food/Treats: _____

Dental Care: Do you brush your pet's teeth? YES NO

Date of last professional dental cleaning by a Veterinarian: _____ Never

Flea/Heartworm Preventative: Last preventative received (date): _____

Medical Records: Name of Hospital where they can be obtained _____

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

I give my consent to contact me via email from us or our other 3rd parties we deal with.

Signature of Owner or Responsible Party: _____