



3-31813 South Fraser Way
Abbotsford, BC, V2T 1V4
Ph. 604.855.0770

REGISTRATION FORM

Please present your government issued id.

Date: _____

Owner: First Name: _____ **Last Name:** _____

Spouse: First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **Postal code:** _____

Phone: Primary: _____ **Secondary:** _____ **Spouse:** _____

Email: _____

Please provide e-mail, we will send you reminders for vaccines, deworming and/or exam on email.

Owner's Employer: _____ **Ph:** _____

How did you become aware of us? _____

Previous Vet: _____

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

Pet's Name	Species	Breed	Colour	Sex	Spay/Neuter	Date of Birth or Age
	<input type="radio"/> Dog <input type="radio"/> Cat			<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Dog <input type="radio"/> Cat			<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Dog <input type="radio"/> Cat			<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Dog <input type="radio"/> Cat			<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No	

Do you have **pet insurance**? Yes _____ No _____ If yes, please state which one: _____

I give permission to South Fraser Animal Hospital to upload my pet(s) photos/videos on **social media**. Yes _____ No _____

I assume responsibility for all charges in the treatment care of this animal. I also understand that these charges must be paid at the time of release and that 80% deposit may be required for such a hospitalized/surgical treatments.

Signature
Owner or Responsible Party