WetCoast Pet Care

Welcome to WetCoast Pet Care — let's get you set up!

New Client Registration Form

ABOUT YOU

Full Name

Phone Number

Email Address

Home Address

City / Neighbourhood

Postal Code

How did you hear about us?

EMERGENCY CONTACT

Emergency Contact Name

Emergency Contact Phone

Relationship to You

YOUR PET(S)

Pet 1 — Name

Pet 1 — Species

Pet 1 — DOB / Age

Pet 2 — Name

Pet 2 — Species

Pet 2 — DOB / Age

Additional Pets

SERVICES OF INTEREST

Which services are you interested in?

Preferred First Appointment Date

Preferred Time of Day

VETERINARIAN

Vet / Clinic Name

Vet Phone

ADDITIONAL NOTES

Anything else you'd like us to know

SIGNATURE

Print Name

Date

Signature (type full name to confirm)

Your information is kept strictly confidential and used only to provide care for your pet(s).