

WOOFUR HOLISTIC PET CARE CENTRE

New Client Registration Form



PET OWNER INFORMATION (details about me)

Today's Date	Title	First Name	Last Name
Apt/Suite/Unit#	Street Address		
City	Province	Postal Code	
E-mail Address			Instagram Handle
Mobile Phone Number		Alternate Phone Number	Work Home
How did you hear about Woofur?	Drive By	Internet / Google	Client Referral
	Walk-in	Word of Mouth	Vet Referral
Other (please specify)			

PET INFORMATION (details about my pet)

Pet's Name	Species	Sex	Breed
Colour(s) or Markings	Pet's birthday or day you celebrate it (e.g. Feb.10, 2018)		
Approximate Weight (in lbs)	Preferred Diet	Kibble	Raw Home Cooked
Preferred Veterinarian Clinic	Doctor's Name (if known)		
Veterinarian Clinic w/ Most Recent Vaccination Records	Check if same as above		
Does your dog have any allergies or sensitivities?	If yes, please specify:		
Does your pet have any health concerns?	If yes, please specify:		
Pet's Instagram Handle (if you have one)			

IN CASE OF AN EMERGENCY

In the event of an emergency (during and/or after business hours), what would you like Woofur to do? (Check all that apply)	A	Contact me (or emergency contact)
	B	Administer first-aid treatment
	C	Take my pet to the nearest vet ASAP (if it is a life-threatening situation)

ALTERNATE CONTACTS & AUTHORIZED PICK-UP LIST (other than yourself)

The following emergency contacts are authorized to pick-up my pet(s), should I not be available:		(Photo ID may be requested)
Alternate Contact #1	Relationship to you	
Mobile Number	Email Address	
Alternate Contact #2	Relationship to you	
Mobile Number	Email Address	
Alternate Contact #3	Relationship to you	
Mobile Number	Email Address	