

# WASCANA ANIMAL HOSPITAL



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## New Patient Form

### Client Information:

Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Spouse/Partner Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Spouse/Partner Work Phone: \_\_\_\_\_

Preferred Phone Contact # (work, cell, home): \_\_\_\_\_

Email address: \_\_\_\_\_

\*By providing your email you are allowing WAH to send you reminders, health notifications, clinic newsletters and links to our social media platforms.

I would prefer to receive reminders for appointments and vaccinations via: \_\_\_\_\_.  
(Phone, Email, Text or Mail)

### Patient Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Sex: \_\_\_\_\_ Sterilized: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of last Vaccination(s): \_\_\_\_\_

Pertinent Medical History/Existing Medical Conditions: \_\_\_\_\_

Current Medications/Supplements: \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Owner/Agent**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### **How did you become aware of our clinic?**

\_\_\_\_\_ Internet Search \_\_\_\_\_ Yellow pages/411 \_\_\_\_\_ Drove by \_\_\_\_\_ Previous Client

\_\_\_\_\_ Personal Referral Whom do we thank for the referral? \_\_\_\_\_

