



PET OWNER INFORMATION

Date _____ Title _____ First Name _____ Last Name _____
 Apt/Suit/Unit _____ Street Address _____
 City _____ Province _____ Postal Code _____
 E-mail Address: _____
 Mobile Phone Number: _____ Home Phone Number: _____

How did you hear about No Bones About it?
 Internet / Google Client Referral _____
 Walk-in Word of Mouth Vet Referral _____
 Other (please specify) _____

PET OWNER INFORMATION

Name _____ Sex _____ Spayed (F) / Neutered (M) / Intact? (Please Circle) _____
 DOG Breed Colour(s) or Markings _____
 Approximate Weight (in lbs) _____ Birthday or day you celebrate it (MM/DD/YY) _____ / _____ / _____
 Brand and type of food your pet eats: Brand: _____ Kibble Raw Home Cooked
 Does your dog have any allergies or sensitivities? No Yes If yes, please specify: _____
 Is your pet on heartworm, flea, tick or any other parasite control/preventative medication? No Yes
 Does your pet have any health concerns? _____
 Veterinarian Clinic w/ Most Recent Medical Records: _____
 Vaccination Records (Expiry Date): Rabies: _____ DHPP: _____ Bordetella: _____

IN CASE OF AN EMERGENCY

In the event of an emergency (during and/or after business hours) what would you like No Bones about it to do?

A Contact me (or emergency contact) before doing anything
 B Take my pet to my vet on file (if it is not a life-threatening situation)
 C Take my pet to the nearest vet ASAP
 D Do not do anything / do not resuscitate (if applicable)

EMERGENCY CONTACTS & AUTHORIZED PICK-UP LIST (Other than owner listed above)

The following emergency contacts are authorized to pick-up my pet(s), should I not be available: (Photo ID may be requested)

Contact Name 1: _____ Relationship to you (the owner): _____
 Mobile Number: _____ Other Contact Information: _____
 Contact Name 2: _____ Relationship to you (the owner): _____
 Mobile Number: _____ Other Contact Information: _____
 Contact Name 3: _____ Relationship to you (the owner): _____
 Mobile Number: _____ Other Contact Information: _____