



**Guildcrest Cat Hospital**

2452 Kingston Rd.  
Scarborough, Ontario M1N1V3  
T: 416-267-4697

[www.GuildcrestCatHospital.ca](http://www.GuildcrestCatHospital.ca)

**NEW PATIENT REGISTRATION**

Owner information:

Mr. / Ms. / Mrs.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
*Apt # Street Address City postal code*

Main Phone: { \_\_\_\_\_ } Work: { \_\_\_\_\_ } Cell: { \_\_\_\_\_ }

\_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Phone #: { \_\_\_\_\_ }

\_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? *Check all that apply*

Website  Internet  Grooming  Street Sign  Friend \_\_\_\_\_  Other

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: { \_\_\_\_\_ }

\_\_\_\_\_

**PATIENT INFORMATION:** *(if you have additional cats please attach a separate sheet of paper)*

1. Cat's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

\_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered

Microchip # \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Cat's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

\_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered

Microchip # \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Cat's Name: \_\_\_\_\_ Breed:

\_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered

Microchip # \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

May we request records from your previous clinic   YES  NO Clinic Name:

\_\_\_\_\_

Privacy Policy - The Personal Information Protection & Electronic Documents Act is federal legislation which came into effect January 1, 2001. This veterinary facility complies with the legislation and is committed to respecting the privacy rights of all individuals, including clients and employees, by ensuring that their personal information is collected, used and disclosed in an appropriate manner. If you have any questions or concerns regarding this issue, please enquire at reception.