

New Client Registration Form

First Name*	
Last Name*	
Mobile Phone	
(This phone may receive text messages)	
Home Phone	
Email*	
Address*	
Address 1	
Address 2	
City	
Region	
Zip / Postal Code	
Additional Contacts	
Additional Owner First Name	
Additional Owner Last Name	
Additional Owner Cell Phone	
(This phone will not receive text messages)	

Additional Owner Email (you will receive emails at this address)	
Emergency Contact Name*	
Emergency Contact Phone*	
People Authorized to Pick Up Your Pets	

Notes	
How Did You Hear About Us?	
Legal Agreements* Paws Wellbeing Centre - Liability Waiver	See attached & sign below: