



New Client Registration Form



Welcome to our clinic

Primary contact MR/MRS/DR/MISS/MS

(must be over 18 years old)

(Surname)

(First Name)

Alternate contact MR/MRS/DR/MISS/MS

Name)

(Surname)

(First

Primary Contact Details

Residential Address _____

Postcode. _____

Postal address _____

Postcode. _____

Mobile _____

Home/Work _____

Alternate contact's mobile _____

E- mail _____

Our payment policy

New Clients are respectfully advised that our practice does not operate on an account basis.

Payment in full is required at the time of consult or drug purchase, or at the time of discharge of your animal from the hospital.

We accept settlement by Cash, Bank Transfer, VetPay or Credit card. If you think you are going to

experience difficulty paying for our services, please let the nurse know PRIOR TO YOUR CONSULTATION.

Do you have a Senior's card? Yes No

If yes, please provide the card number _____

Signature: _____

Date: _____

How did you find out about our practice?

- Recommended by a friend _____
- Noticed while driving by
- Internet Search/Google
- Real Estate introductory flyer
- Local advertising (poster or banner, community papers etc)
- Other _____



Pet Information

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.) _____ Breed _____

Colour _____ Weight _____ Male Female

Desexed? Yes No

Up to date with vaccinations? Yes No

Up to date with parasite control? Yes No

Does your pet have allergies? Yes No

Is your pet insured? Yes No

Has your pet ever had a reaction to vaccines or medications? Yes No

If yes, please specify,

List any major surgeries your pet as had

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If you have more than 2 pets, please ask our reception staff for another form

Thank you.