|  |  |  |
| --- | --- | --- |
| Title | First Name | Surname |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mobile |  | Home Phone |  | Work Phone |  |  |
| Email |  | | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address |  |  |  |  |
| Suburb |  | Postcode |  |  |

**Co-owner details**

|  |  |  |
| --- | --- | --- |
| Title | First Name | Surname |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mobile |  | Home Phone |  | Work Phone |  |  |
| Email |  | | |  |  |  |

We send your pet’s health reminders via SMS and email. If you would not like to receive reminders please let us know.

Would you like to receive our monthly email newsletter? **YES NO**

**Pet Details (if you have more than one pet there is additional space over the page for their details)**

|  |  |
| --- | --- |
| **Name** |  |
| **Species** | Cat Dog  Other …………………………… |
| **Breed** |  |
| **Sex** | Male Female |
| **Colour** |  |
| **Age / DOB** |  |
| **Microchip** | YES NO  Number (if known): |
|  |  |

|  |  |
| --- | --- |
| **Is your pet desexed?** | YES NO |
| **Date of last vaccination** |  |
| **Do you administer any parasite treatments at home?** | YES NO  Product/s: |
| **Does your pet have an existing medical condition?** | YES NO  Condition: |
| **Is your pet on any medication?** | YES NO  Type: |
| **Have you previously been to a different vet clinic?** | YES NO  Clinic: |

**Social Media Consent**

We love sharing the adventures of our patients and life in a Veterinary practice (who doesn’t like seeing cute pet photos on the internet?).

• We will only ever refer to your pets by their first name.

• We will never share personal details.

• We will show respect and empathy to our patients and clients.

Do you give consent for us to share photos of your pet on our official clinic Facebook and Instagram pages?

I give consent - I do NOT give consent -

**How did you hear about us?**

Passing by - Our Website - Facebook - Google - Instagram -

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral/Word of mouth -

If referred, would you mind telling us by whom, so that we can thank them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Terms**

It is Clinic policy that all accounts are to be paid at the time of service.

We accept Cash, Credit Card and EFTPOS. We are unable to accept payment by cheque.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for choosing us to care for your pets. Our privacy policy can be viewed on our website.***

Office use only: Nurse ………… PP …… Let………. NCB……….Ref……….Scan……

**Pet Details 2**

|  |  |
| --- | --- |
| **Name** |  |
| **Species** | Cat Dog  Other …………………………… |
| **Breed** |  |
| **Sex** | Male Female |
| **Colour** |  |
| **Age / DOB** |  |
| **Microchip** | YES NO  Number (if known): |
|  |  |

|  |  |
| --- | --- |
| **Is your pet desexed?** | YES NO |
| **Date of last vaccination** |  |
| **Do you administer any parasite treatments at home?** | YES NO  Product/s: |
| **Does your pet have an existing medical condition?** | YES NO  Condition: |
| **Is your pet on any medication?** | YES NO  Type: |
| **Have you previously been to a different vet clinic?**  **Clinic:** | YES NO |

**Pet Details 3**

|  |  |
| --- | --- |
| **Name** |  |
| **Species** | Cat Dog  Other …………………………… |
| **Breed** |  |
| **Sex** | Male Female |
| **Colour** |  |
| **Age / DOB** |  |
| **Microchip** | YES NO  Number (if known): |
|  |  |

|  |  |
| --- | --- |
| **Is your pet desexed?** | YES NO |
| **Date of last vaccination** |  |
| **Do you administer any parasite treatments at home?** | YES NO  Product/s: |
| **Does your pet have an existing medical condition?** | YES NO  Condition: |
| **Is your pet on any medication?** | YES NO  Type: |
| **Have you previously been to a different vet clinic?**  **Clinic:** | YES NO |

Office use only: Nurse ………… PP …… Let………. NCB……….Ref……….Scan……