



NEW CLIENT REGISTRATION

SURNAME:
INITIALS/TITLE:

HOME PHONE NO:
WORK PHONE NO:
MOBILE:
E-MAIL:

ADDRESS:
.....
.....

WHERE DID YOU HEAR ABOUT US:
ADVERT:
YELLOW PAGES:
OTHER:

POSTCODE:

RECOMMENDED? BY WHOM (SO WE CAN SAY "THANK YOU"!):

PET DETAILS:

NAME:	NAME:	NAME:
BREED:	BREED:	BREED:
SEX:	SEX:	SEX:
NEUTERED?:	NEUTERED?:	NEUTERED?:
COLOUR:	COLOUR:	COLOUR:
AGE/DOB:	AGE/DOB:	AGE/DOB:

PET INSURANCE:..... PET INSURANCE:..... PET INSURANCE.....

LAST VACCINATION:..... LAST VACCINATION:..... LAST VACCINATION:.....

NOTES:-

Current medications and or recent treatment:
Previous Veterinary Practice (if relevant):
Clients old address

TERMS AND CONDITIONS OF BUSINESS

All fees **must** be paid for at the time of consultation or discharge after treatment. Payment can be by CASH, CHEQUE (with bankers card), or CREDIT/DEBIT card.

"Direct Claims" with your insurance company are not permitted - you pay us and our fees are re-claimed for you quickly and free of charge.

We use a licensed collection agency for unpaid debts and their appointment could affect your credit rating.

Please do not send children under 16 or third parties with your pets unless by prior arrangement as treatment can be complicated by lack of accurate history.

For their safety - All dogs must be on a lead and cats in cat baskets whilst on the premises.

I agree to the above terms of registration: Signed (Owner)

Date :