



Stonehenge Vets & Sidbury Hill Veterinary Clinic



NEW CLIENT REGISTRATION

SURNAME
INITIALS/TITLE

HOME PHONE NO
WORK PHONE NO
MOBILE
E-MAIL

ADDRESS
.....
.....
.....
POSTCODE.....

WHERE DID YOU HEAR ABOUT US:
INTERNET (GOOGLE).....
INTERNET (OTHER).....
ADVERT (PLEASE SPECIFY).....
OTHER (PLEASE SPECIFY)

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

PET DETAILS:

NAME.....
BREED.....
SEX.....
NEUTERED?.....
COLOUR.....
AGE/DOB.....
ID CHIP NO.....
.....
PET INSURANCE.....
LAST VACCINATION.....

NAME.....
BREED.....
SEX.....
NEUTERED?.....
COLOUR.....
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NOTES:

Current medications and or relevant treatments.....
Previous Veterinary Practice.....
.....
Previous address.....
.....
.....

TERMS & CONDITIONS OF BUSINESS

All fees **must** be paid for at the time of consultations or discharge after treatment. Payment can be by CASH 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 years of age 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:.....
Date:.....