



NEW CLIENT / PET UPDATE / ADDRESS UPDATE FORM

WELCOME TO YOUR PET'S VET ANIMAL HOSPITALS

If you are a new client or want to add a new pet or update your address, please print and bring the completed form to our reception at the time of your appointment. If you have more than one pet, please print out additional forms as required and complete the appropriate pet section.

Thank you for allowing Your Pet's Vet Animal Hospitals to care for your pet/s.
In order to maintain our medical records, please complete the following:

YOURSELF

TITLE: Mr / Miss / Ms / Mrs / Dr (please circle) SURNAME: _____

FIRST NAME: _____ SPOUSE/PARTNER'S NAME: _____

PHONE Home: _____ Mobile: _____ Work: _____

ADDRESS: _____ POSTCODE: _____

Do you hold a Senior or Disabled Pension card? Yes / No (please circle)

How did you find out about our clinic? (please circle)

Yellow Pages Passing by/Saw sign Internet/Website Other: _____

Recommended by a Friend/Existing client: _____

YOUR PET

PET'S NAME: _____ AGE/DATE OF BIRTH (approx): _____

SPECIES (please circle): Dog / Cat / Other: _____ BREED: _____

COLOUR: _____ SEX: Male / Female (please circle) DESEXED? Yes / No (please circle)

Date of last vaccination: _____ TYPE: _____

Date of last worming: _____

Is your pet microchipped? Yes / No (please circle)

Is your pet insured? Yes / No (please circle)

If your pet is a dog, is it on any heartworm prevention? Yes / No /

More than 6 months ago / Between 3 and 6 months ago / Less than 3 months ago (please circle)

Any other information you feel is pertinent: _____

IMPORTANT NOTICE - the following section MUST be completed and signed below

I hereby acknowledge that Your Pet's Vet Animal Hospitals **do not** provide credit or accept cheques.

I agree and confirm that I will pay for all services and products upon completion of treatment and/or discharge of my pet and that payment in advance may be required.

I will be paying today by: Cash / EFTPOS / Credit Card (please circle)

Signed: _____ Date: _____

(For office use: Staff Member taking this form _____)