



NEW CLIENT FORM

Welcome to Princes Highway Vet Hospital

OWNER DETAILS							
Title	Mr	Mrs	Ms	Miss	Dr	Date	
First name					Surname		
Address						Postcode	
Phone number					Mobile number		
Email address							

PET DETAILS						
Pet's name						
Species				Breed		
Colour				DOB/AGE		
Sex	Male	Female		Desexed	Yes	No
OTHER DETAILS						
Last vaccination	Date:					
Does your pet have a microchip?	Yes No					
Is your pet insured?	Yes No	Insurer		Policy number		

How did you find us?									
Friend/family		Referral		Internet		Connell's Point Vet		Animalia	
Yellow pages		Local		Other:					
Have you been to another vet practice?									
If yes, which practice?									

Declaration:
 I hereby authorise the veterinarian to examine, prescribe for, or treat the above described animal. I take full responsibility for all charges incurred in the care of the above animal. I also understand that these charges must be paid in full at the time of discharge and that a deposit may be required prior to surgical treatment. I am the owner of this pet OR I have been given authorisation by the owner to sign this form. I am 18 years of age or older.

Client signature: _____ Date: _____