

New Client Form

Please print, complete and bring this form with you to your pet's first visit.



Date:

Name:

Address:

.....

Home phone: Work: Mobile:

Email address:

Spouse, partner, children & visitor names:

Pet's Name	Breed	Age or DOB	Sex	Desexed?	Colour	Other – Vaccination, Heartworm etc
			Male / Female	Y / N		
			Male / Female	Y / N		

Is your pet on any medication/s?

Does your pet have any existing conditions?

Our clinic policy is that all fees incurred are to be paid in full on the day of service.

Please circle your preferred method of payment.

CASH

CREDIT CARD

EFTPOS

How or why did you select us? Please circle below.

Referral (family/ friend) – who?

- | | | | |
|---------------------|-------------------|-----------------|---------------------|
| Yellow Pages Online | Yellow Pages Book | Website/ Google | Passing by/ Signage |
| Local paper | Previous client | Letterbox drop | Fridge magnet |
| Cattery | Puppy Pre-School | PetPEP | Pet Shop |

Referral from other vets (please specify) Other (please specify)

Please tick the box if you do not wish to receive our email newsletter or email reminders.

Thank you for giving us the opportunity to care for your pet.