

NEW CLIENT INFORMATION

Welcome to Ellerslie Veterinary Clinic. The following information will help us to serve you better.

Owner's Name: _____

Title: Mr Mrs Mr&Mrs Ms Dr

Co-Owner: _____ Relationship: _____

Address of Owner: _____

Email: _____

Phone: Home _____ Cellphone: _____

Which is the best number to phone you during the day regarding care for your pet? _____

In case of EMERGENCY, please call _____ at telephone # _____

Your Pet's Details:

Name: _____ Dog Cat Rabbit Other

Breed: _____ Colour: _____

Age: _____ / Date of Birth: _____

Gender: Male Female Desexed? Y N

Vaccinated? Y N Microchip? Y N

Insurance? Y N If yes, which company? _____

If your animal previously had vet care what was the name of the vet/vet clinic? _____

Are you happy for us to request the records? Y N

How do you plan to pay today? Credit Card Eftpos Cash

How would you like to be contacted regarding care for your pet (e.g. reminders)? Email Phone call
 letter

Please cross if you would prefer **not** to receive reminders from us:

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.
All animals in the hospital are under the medical supervision of a staff veterinarian. A staff member is not however, on the premises 24 hours a day.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We will gladly prepare a written estimate if you desire. Please ask the staff or doctor.
We accept Cash, Eftpos, MasterCard and VISA.

Financial Agreement: I agree that the terms of trade for services or supply are payment in full on the day of treatment or supply. I agree to be liable for any and all collection and legal costs associated with recovery of the account, if the account (or part thereof) remains outstanding for longer than 7 days. In that case there will also be an additional penalty fee of 10% charged on top of the original amount.

Signature of Client Responsible for Pet(s)

Date