

## 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

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

To prevent the spread of infectious diseases, all hospitalised patients should be current on all vaccines and free from internal and external parasites. I acknowledge that the doctor may discuss vaccines and parasite control with me 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