

Please list any other medication your pet is currently being given.

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Which Pet Insurance company is your pet insured with?

.....**Policy Number:**

HOW DID YOU FIND OUT ABOUT STEPHEN TERRACE VETERINARY CLINIC?

Word of mouth Website Internet/Google Driving by OTHER.....(please specify)

If you were recommended to us by a friend, please let us know who to thank

PREFERRED CONTACT METHOD: (please circle one)

- Mobile Phone – sms
- Mobile Phone – call
- Home phone / landline
- Email
- Facebook

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE PROVIDED. Written estimates can be provided on request. We accept Cash, Cheque, Eftpos, Visa and Master card.

Signature of Owner (or Authorised Agent): Date:

The signature below authorizes the Veterinarian on duty permission to administer treatment to your pets.

Signature of Owner (or Authorised Agent): Date:

The signature below authorizes the Veterinarian on duty permission to administer emergency treatment to your pets in cases when you are not contactable.

Signature of Owner (or Authorised Agent): Date:

ADDITIONAL OPTIONAL INFORMATION - information to help us provide better service to you and your pet

Please list any of your pet's/pets' relevant prior illnesses, accidents or injuries.

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Additional care givers to your pets. Eg children, other relatives, friends.....

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Your pet's/pets' preferred boarding (holiday) facility