Office Use: Entered [] NCP [] Check Mchip [] Petpack [] NCL [] NC Clipboard [] Pet address / DACO

WELCOME TO OUR PRACTICE!	
Thank you for the opportunity to care for your pet. Please help us to meet your needs by providing us with some important information. PLEASE PRINT IN ALL SPACES AND FILL OUT BOTH PAGES.	
TITLE DR MR MRS MS MISS OTHER	
SURNAME	
GIVEN NAMES	
TELEPHONE Mobile:W	ork:Home:
PARTNER'S NAME TitleFirstSt	ırnamePhone Number:
EMAIL ADDRESS	
Do you agree to receive your pet's reminders and the practice newsletter via email? YES / NO	
Do you consent to images of your pet being used by the practice for promotional purposes i.e. Facebook? YES / NO	
POSTAL ADDRESS Street	
Suburb Post Code	
HOME ADDRESS (if different from above)	
PET'S NAME	PET'S NAME
BREED	BREED
COLOUR	COLOUR
SEX DESEXED Y N	SEX DESEXED Y N
APPROX AGE or D.O.B.	APPROX AGE or D.O.B
MICROCHIP NUMBER	MICROCHIP NUMBER
PREVIOUS VETERINARY CLINIC	PREVIOUS VETERINARY CLINIC
Is your pet currently up to date with the following health care? Date last administered	Is your pet currently up to date with the following health care? Date last administered
Vaccination Y N	Vaccination Y N
(Type)	(Type)
Intestinal wormer Y N	Intestinal wormer Y N
(Product)	(Product)

Heartworm prevention Y

Υ

(Product)

(Product)

Flea prevention

Heartworm prevention Y

(Product)

(Product)

Flea prevention

N

Ν

Please turn over

Please list any other medication your pet is currently being given.	
Which Pet Insurance company is your pet insured with? Policy Number:	
HOW DID YOU FIND OUT ADOUT CTEDUEN TEDDAGE VETEDINARY OF INIO	
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):	
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.	
Additional care givers to your pets. Eg children, other relatives, friends	
Your pet's/pets' preferred boarding (holiday) facility	