

WELCOME TO OUR PRACTICE

Please complete the following so we can get to know you and your pet(s) needs better.

Your Name: Dr/Mr/Mrs/Miss/Ms _____

Home Phone: _____ Mobile _____

Address: _____ Postcode _____

Place of work : _____ Work Phone: _____

E-mail Address: (for sending out reminders/health alerts) _____

PET'S NAME _____ **DOG/CAT/OTHER** _____ **D.O.B.** _____

SEX M / F

Breed & Colour _____ Date of last vax. _____

Speyed/Neutered Y / N

PET'S NAME _____ **DOG/CAT/OTHER** _____ **D.O.B.** _____

SEX M / F

Breed & Colour _____ Date of last vax. _____

Speyed/Neutered Y / N

PET'S NAME _____ **DOG/CAT/OTHER** _____ **D.O.B.** _____

SEX M / F

Breed & Colour _____ Date of last vax. _____

Speyed/Neutered Y / N

Do any of your pets have any health problems or allergies you are concerned about or we should know about?
(Please describe)

How did you learn of our practice? (Please tick as many as apply)

OUTDOOR SIGN ___ YELLOW PAGES (main section) ___ YELLOW PAGES (locality guide) ___ WHITE PAGES ___
MAIL DROP ___ PERSONAL REFERRAL ___ WEBSITE ___ OTHER _____

If referral, whom may we thank for recommending our practice? _____

Remuera Veterinary Medical Centre Ltd does not run monthly accounts. If payment is not received within 60 days of services being rendered, accounts may then be referred to debt collections agents. If it is necessary to engage debt collectors to collect overdue accounts all legal and collection fees are also the responsibility of the person(s) incurring the account. (Interest up to 2% per month)

SIGNATURE: _____ DATE: _____