



# BAYSIDE MOBILE VET

## NEW CLIENT FORM

Welcome to Bayside Mobile Vet.

The information below is to help us improve our service and ensure we give your pet the best care we can. If there is anything you are unsure about feel free to leave it blank.

### CLIENT DETAILS:

Name \_\_\_\_\_

Additional owner/carer \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_

Post Code \_\_\_\_ \_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_ Are you happy to receive email reminders and newsletters?

### PET DETAILS: *(please circle answers)*

Name \_\_\_\_\_

Species: Dog Cat Other (specify) \_\_\_\_\_

Breed \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or

Age \_\_\_\_\_ Yrs \_\_\_\_\_ Months

Sex: M F

Desexed? Y N

Colour \_\_\_\_\_

Size: S M L

Weight *(if known)* \_\_\_\_\_ kg

Good with strangers? Y N Unsure

Microchipped? Y N Unsure

Microchip Number \_\_\_\_\_



# BAYSIDE MOBILE VET

Vaccination history:

When was the last vaccination and what type of vaccination? \_\_\_\_\_

\_\_\_\_\_

Your previous vet: \_\_\_\_\_

Does your pet have any ongoing medication? If yes what is it?

\_\_\_\_\_

Does your pet have any allergies including vaccination reactions?

\_\_\_\_\_

*(if you have additional pets please fill out the section at the bottom of this form)*

## OTHER INFORMATION:

How did you hear about us?

Letter box drop  Ad in local paper  Google

Friend referred, who? \_\_\_\_\_  Other \_\_\_\_\_

Why did you choose a house call service?

Convenience  No Car  Nervous Pet  Multiple Pets

Other \_\_\_\_\_

## DECLARATION:

I give permission for Bayside Mobile Vet to provide treatment to my pet.

I give permission for Bayside Mobile Vet to transport my pet when necessary. I understand that the utmost care will be taken during transportation.

I recognise that there are inherent risks with any veterinary procedure and I have discussed or will discuss any concerns with the treating veterinarian prior to the procedure.

I am 18 years of age or older

I will pay all fees owing at the time of consultation or discharge unless alternative arrangements have been made

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_