**SOMMERVILLE VETERINARY CENTRE**

***NEW CLIENT REGISTRATION FORM***

***Client Number...................... (for official use)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***OWNER DETAILS***

First Name: ................................... Last Name: ...................................................

Address: ................................................................................................................

Suburb: ...............................................................Post Code: .................................

Home Phone: ..................... Mobile Number: (........) ............................................

E-mail Address: .....................................................................................................

I give permission to receive reminders/information via e-mail Yes □ No □

How did you hear about us Phone Book □ Website □ Driving Past □ Referral □

If a Referral who recommended us ? ....................................................................

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PATIENT DETAILS*** Cat/Dog/Rabbit/Rat/Bird/Other ............... (Circle One)

Animal Name: ................................. Date of Birth: ...............................................

Breed: ............................................ Colour:...........................................................

Sex M/F Desexed Yes/No Insured Yes/No

Previous Vet: ................................... Microchip #..................................................

Medical History/Medication: ................................................................................

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Disposition: ......................................................................................................

***I understand by signing this form I hereby give permission for Sommerville Vets to request records from my previous vet clinic and also understand that payment is required at time of treatment. Any unpaid accounts will incur interest as stated in our Terms and Condition.***

Signature.................................................................................................. Date ............/.........../............

***Additional Patient’s Information***

***PATIENT DETAILS*** Cat/Dog/Rabbit/Rat/Bird/Other ................(Circle One)

Animal Name: .................................. Date of Birth: ............................................

Breed: ..................................................Colour: .....................................................

Sex M/F Desexed Yes/No Insured Yes/No

Microchip # .........................................................

Medical History/Medication:...............................................................................

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Disposition .........................................................................................................................................

***PATIENT DETAILS*** Cat/Dog/Rabbit/Rat/Bird/Other............. (Circle One)

Animal Name: ............................. Date of Birth: ............................................

Breed: ........................................ Colour: .....................................................

Sex M/F Desexed Yes/No Insured Yes/No

Microchip #...........................................................

Medical History/Medication:..............................................................................

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Disposition...........................................................................................................................................

***PATIENT DETAILS*** Cat/Dog/Rabbit/Rat/Bird/Other ............ (Circle One)

Animal Name: ............................ Date of Birth: ............................................

Breed: ......................................... Colour: .....................................................

Sex M/F Desexed Yes/No Insured Yes/No

Microchip # .........................................................

Medical History/Medication: ................................................................................

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Disposition............................................................................................................