



NEW CLIENT INFORMATION

Welcome to the Roseworthy Veterinary Hospital. To help us provide your animals with the best possible care please complete all information on both sides of this form.

CLIENT DETAILS

First Name: _____ Last Name: _____

Company Name (if applicable): _____

Residential Address: _____

City/Suburb: _____ State: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Local Council Area: _____

Home Phone: _____ Mobile: _____ Work: _____

Email Address: _____

We do not sell or disclose your private information to any third-party company or organisation. Providing your e-mail address will allow us to communicate with you about your pet, including reminders of appointments and follow-ups.

Co-owner or Secondary Contact

First Name: _____ Last Name: _____

Home Phone: _____ Mobile: _____ Work: _____

Authorised to present pets for treatment, make medical decisions and incur costs on my behalf Y / N

Permission to Obtain Relevant Medical Records

Do you have a current or previous veterinarian outside of the Roseworthy Veterinary Hospital Y / N ___

Practice Name: _____ Veterinarian Name: _____

Do we have permission to contact your previous or referring vet to obtain relevant medical records? Y / N

Client Declaration: I am responsible for the charges incurred for the treatment of my animal(s). I understand that my account must be settled in full at the time of service or on discharge from hospital. In the case of hospital treatment, surgery or hospitalisation a fee estimate will be provided, and a 50% deposit will be required prior to treatment. Payment methods accepted by the Roseworthy Veterinary Hospital are: Cash, EFTPOS, Credit Card and VetPay.

Student Education: I understand that veterinary students may be involved in the treatment of my animal under the close supervision of qualified staff.

Filming and Photography: From time-to-time filming or photography occurs in the Roseworthy Veterinary Hospital for educational and/or promotional purposes and may include incidental images of my pet. Images or recordings specifically related to my pet will not be made, published, or disseminated without my express written consent.

Client Signature: _____ **Date:** _____ **PTO →**



PATIENT INFORMATION

Pet 1

Name: _____ Male/Female: _____ Age/Birthday: _____

Species (cat, dog, etc): _____ Breed: _____ Colour: _____

Desexed Y / N Microchipped Y / N _____

Pet insurance provider (if applicable): _____

Existing medical conditions or allergies: _____

Is your pet currently on any medications: _____

Has your pet been vaccinated in the last 12 months? Y/N _____ Type(s) (if known): _____

Pet 2

Name: _____ Male/Female: _____ Age/Birthday: _____

Species (cat, dog, etc): _____ Breed: _____ Colour: _____

Desexed Y / N Microchipped Y / N _____

Pet insurance provider (if applicable): _____

Existing medical conditions or allergies: _____

Is your pet currently on any medications: _____

Has your pet been vaccinated in the last 12 months? Y/N _____ Type(s) (if known): _____

Pet 3

Name: _____ Male/Female: _____ Age/Birthday: _____

Species (cat, dog, etc): _____ Breed: _____ Colour: _____

Desexed Y / N Microchipped Y / N _____

Pet insurance provider (if applicable): _____

Existing medical conditions or allergies: _____

Is your pet currently on any medications: _____

Has your pet been vaccinated in the last 12 months? Y/N _____ Type(s) (if known): _____

How did you hear about us? Internet Search Facebook Google Maps Instagram

Vet Referral Word of Mouth (Who can we thank: _____) Other _____