

Patient Registration Form

(Please print neatly.)

Please fill in this form for our patients' records:

Owner's name: _____
Street: _____ Postcode/Town: _____
Home phone: _____ Work/Mobile phone: _____
Occupation: _____ Date of birth: _____
Email: _____

Information about your pet:

Pet's name: _____ Date of birth: _____
Species/Breed: _____ Sex: female male neutered/spayed
Colour: _____ Tattoo-No./ Chip-No.: _____
Pet insurance: yes no. Insurance Company: _____
Is your pet on any regular medication? If yes, which? _____
How did you hear about us? / Do you have a referral? If yes, from whom?

I hereby confirm that I am the owner of the pet and therefore entitled to enter a contract on the performance of necessary diagnostic, medical and surgical treatments. Furthermore, I assure that I am willing and able to pay all costs incurred. I hereby state that I am not currently involved in legal dunning proceedings and that I am not listed in the Local Court's list of debtors.

In case that I am not the owner of the pet, I declare that I am acting on behalf of the owner. Should there be no such authorisation, or should the pet owner negate such an authorisation, I hereby confirm that I assume full responsibility for all charges incurred in the treatment of the pet.

Insofar as is necessary for the diagnostic procedure, I authorise the practice owner and employees to order third party services (laboratories, special diagnostic centres, etc) on my behalf and on my account.

I understand that full payment of the treatment costs is due on the day services are rendered. We accept payment in cash or by debit card. We cannot accept credit cards and we do not write an invoice. With my signature I confirm that I have read and understand the above fee policy.

Any possible assistance in the treatment of the pet is carried out voluntarily and excluding all liability to the extent allowed by law.

I confirm that I have read and understand the above conditions.

Date / Signature