

## Cambrian Vets New Client Registration Form (phone us in case of an emergency)

I **need to** / **do not need to** see a veterinary surgeon within the next 3 working days (delete as appropriate).

### Client details

Title \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_

Permanent address (Required)

Holiday address (if here on holiday)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Postcode)

\_\_\_\_\_ (Postcode)

Mobile phone number\* \_\_\_\_\_

Home phone number \_\_\_\_\_

E-mail address\* \_\_\_\_\_

Additional numbers \_\_\_\_\_

\*Please note: We send out reminders etc. by text message and by e-mail service, so please provide these details if at all possible.

### Details of the veterinary practice where your pet was previously registered (if applicable)

Name of practice \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Please note: We are obliged to contact your previous veterinary practice to request a history for your pet. If your pet was registered under a different name, or your details and address differed, please include the details that will help them to find your pet's history.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Additional agent details (if applicable)

If you would like to give permission for other persons to act on your behalf, or instruct us on your behalf on how to treat your pet, please give us their details below.

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### Pets' details

1<sup>st</sup> pet:

Name \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_ (Male, Female, Neutered)

Current conditions and medications your pet has/receives

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2<sup>nd</sup> pet:

Name \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_ (Male, Female, Neutered)

Current conditions and medications your pet has/receives

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3<sup>rd</sup> pet:

Name \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_ (Male, Female, Neutered)

Current conditions and medications your pet has/receives

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**I have read and accepted the business terms and conditions**

Signature \_\_\_\_\_

Date \_\_\_\_\_