Healthy Pet
Mobile Vet

New Client Form

Please fill in your details and email to:
vet@healthypetmobilevet.com.au

Client Details:

Title:……. Surname:…… Name:……
Home Address:…… Post Code:…….
Home Phone:……Work Phone:……..Mobile:……..
Email:……..
Are you happy to receive reminders and newsletters? Yes No
Where did you hear about us?
Google: Letterbox Flyer:
Facebook: Saw our van drive by:
Word of mouth/Friend: Other:
If someone recommended us to you please let us know, we'd like to thank them
What time of day best suits you for a house call?
Early morning Late Morning Afternoon Evening
Why did you choose a house call service?
Convenience No Car Nervous Pet Multiple Pets
Other:…….

Pet Details: *(If you have more than one pet please print another form)*

Name:……Sex:…….. Desexed? Yes No
Age/Birth Date:……Species:…….. Breed:……..
Microchip Number:……Weight:……
Date of last vaccination:……Vaccine Given (F3/C3/C5?):…….
Date of last deworming:……Product Used:……..
Last flea/tick treatment:……Product Used:……
Last heartworm prevention:……..Product Used:……
Ongoing medications/supplements:……..
Allergies/Reactions to medications?:……
What do you feed your pet?……
Is your pet good with strangers? Yes No Unsure
Your Previous Vet:……

Declaration:

- I am the owner of this pet OR I have been authorised by the owner to sign this form.
- I give permission for Healthy Pet Mobile Vet to provide treatment to my pet(s).
- I give permission for Healthy Pet Mobile Vet to transport my pet if necessary. I understand that the utmost care will be taken during transportation.
- I understand that there are inherent risks with any veterinary procedure/ treatment and I have discussed any concerns with the treating veterinarian prior to the procedure/treatment. I hereby release, discharge and indemnify the veterinarian and any person or corporation associated with Healthy Pet Mobile Vet from all actions, suits, demands, claims, causes of action and costs of every description whatsoever at law, equity and under statute in respect of or arising directly or indirectly out of the treatment/anaesthetic/ surgery.
- 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.
- I have read and understand this form.

Client signature:……. Date:…….