



## 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: \_\_\_\_\_

**PIC (required, if none, list "not provided"):** \_\_\_\_\_

**Agistment Address (if different):** \_\_\_\_\_ Postcode: \_\_\_\_\_

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 animals, including reminders of appointments and follow-ups.

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### Co-owner or Secondary Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Authorised to present for treatment, make medical decisions and incur costs on my behalf (Y/N): \_\_\_\_\_

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

Vet Referral ☐ Word of Mouth ☐ (Who can we thank: \_\_\_\_\_) Other ☐ \_\_\_\_\_

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**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 animals. Images or recordings specifically related to my animals will not be made, published or disseminated without my express written consent.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PATIENT INFORMATION

### Animal 1

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Brand/Markings/ID: \_\_\_\_\_  
Microchipped (Y/N): \_\_\_\_\_ Existing medical conditions or allergies: \_\_\_\_\_  
Is this animal insured? (Y/N): \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Value Insured: \_\_\_\_\_  
Vaccination history and date: \_\_\_\_\_  
Has the animal resided or visited QLD or NSW in the past 28 days? \_\_\_\_\_

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### Animal 2

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Brand/Markings/ID: \_\_\_\_\_  
Microchipped (Y/N): \_\_\_\_\_ Existing medical conditions or allergies: \_\_\_\_\_  
Is this animal insured? (Y/N): \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Value Insured: \_\_\_\_\_  
Vaccination history and date: \_\_\_\_\_  
Has the animal resided or visited QLD or NSW in the past 28 days? \_\_\_\_\_

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### Animal 3

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Brand/Markings/ID: \_\_\_\_\_  
Microchipped (Y/N): \_\_\_\_\_ Existing medical conditions or allergies: \_\_\_\_\_  
Is this animal insured? (Y/N): \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Value Insured: \_\_\_\_\_  
Vaccination history and date: \_\_\_\_\_  
Has the animal resided or visited QLD or NSW in the past 28 days? \_\_\_\_\_

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### 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: \_\_\_\_\_

Referring Veterinarian for today's visit (if different to above):

Practice Name: \_\_\_\_\_ Veterinarian Name: \_\_\_\_\_

Do we have permission to contact your previous or referring vet to obtain relevant medical records? (Y/N): \_\_\_\_\_