

NEW CLIENT ACCESS FORM: clients please read & complete

PART A. To be completed by the Owner/Agent:

("The owner/agent" is the person who admits the animal into our care, takes responsibility for after- care, & for account payment)

Surname **Title:** (Mr, Mrs, Miss, Ms, Dr,) **First Name(s)**

Residential Address

Postal Address (if different)

Phone(s): **Mobile number(s)** **Texts OK?** **Preferred?**

E-mail(s) Please print clearly

2nd Owner// 2nd contact (if you are unavailable) **Name** **Phone**

Do your pets/livestock carry Sickness/Accident Insurance?

Best contact if Urgent (e.g. your pet brought here injured)..... **if Routine** (e.g. vaccine reminder)

Have you been to Penguin Veterinary Centre before?

Comments:

Part B.

(This)Animal: Type **Name:** **Breed & Colour**

Age/ DOB **Sex** **Desexed?** **Tattoo?** **Weight**kg **Vaccination date**

Microchip Number **Do Contact details need an update?**

Examination today is for:

Current medication (if prescribed elsewhere)

PART C. Acceptance of Risk & due Payment.

I consent to the administration of anaesthetics, medications and operative procedures necessary or advisable in achieving & maintaining the health of my pets/stock, and to required post-procedural treatment; I understand & accept that all treatments, anaesthetics & surgical techniques involve risk to the animal, including risk of death, & I accept such risk, given all reasonable care is taken by the veterinary surgeon & support staff. If my pets/stock ail in my absence, I understand First Aid, Palliative or Emergency care will be provided, that Penguin Veterinary Centre will contact me as soon as possible. I also understand that some therapy is used "off-label", in that a preparation manufactured for use in a different animal species, or in humans, at a different dose, or for a different purpose may be used in my animal when deemed efficacious.

I am over 18 years of age. I accept liability for payment for procedures performed at Penguin Veterinary Centre,

by Cash ☐ Cheque ☐ Credit Card ☐ Eftpos ☐

*Please note: All discounts are offered subject to our receiving full payment on the day of the procedure.
Payment is due on the day of the procedure & before the animal is discharged. If not, a \$22.50 account fee will apply.
Should your account be sent to a Collection Agency, ALL subsequent costs, fees and charges are payable by you*

Signed: (owner/agent)

Date

Signed (PVC staff) **Date**