

CLIENT REGISTRATION FORM

Title	Mr	Mrs	Ms	Miss	Dr	Other:
First Name				Middle Name(s)		
Surname						
Home address						
Postcode						
Telephone (home)						
Telephone (mobile)						
Telephone (work)						
Email address						

ANIMAL INFORMATION

Name	Breed	Sex	Neutered?	DOB	Colour	Ever been abroad?

PROOF OF RESIDENCE

We require proof of residence in the form of one of the following. Please tick to indicate which method you are supplying:

Utility bill (dated within the last 3 months)	<input type="checkbox"/>	Driving licence	<input type="checkbox"/>
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COMMUNICATION PREFERENCES

By default, you will receive invoices and statements by email, if you would prefer to receive these by post please tick this box:

In the interests of the welfare of your pets, we have a legitimate need to send you treatment reminders, vaccination reminders, appointment/visit reminders, laboratory results, treatment progress reports, health warnings and treatment recalls by telephone, text, email, post or social media.

We may wish to contact you by newsletter, for marketing and special offers, please tick the options below to indicate how you would like to be contacted:

Phone	<input type="checkbox"/>	Text message	<input type="checkbox"/>	Email	<input type="checkbox"/>	Post	<input type="checkbox"/>	Other electronic messaging	<input type="checkbox"/>
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PREVIOUS VETERINARY PRACTICE

Practice name	
Town	
Previous registered address	

(if applicable)

INSURANCE DETAILS

Animal name	Insurance company	Policy number

HOW DID YOU HEAR ABOUT US?

How did you hear about Scott Mitchell Veterinary Care Ltd? Please delete as appropriate.

Word of mouth	Hexham Courant	Website	Internet search	Facebook	Yellow Pages
Other:					

AGREEMENT

1. I am aware that all treatments and items must be paid for at time of sale/treatment.
2. I acknowledge receipt of the Terms and Conditions (T&Cs) of sale/service and have read its contents.
3. I agree to abide by the T&Cs of sale/service of Scott Mitchell Veterinary Care Ltd (SMVC).
4. I acknowledge that SMVC may share financial and non-financial information with other veterinary practices who may need to provide emergency care, supportive care, second opinions or supercessions of care.
5. I acknowledge receipt of SMVC Privacy Policy, have read its contents and accept the Privacy Policy terms.
6. I understand that SMVC may contact my former veterinary practice to obtain previous veterinary records.
7. I understand that SMVC is a Training Practice which means that patients may be looked after by student nurses and vets.
8. I understand that all dealings with the practice will be treated in strict confidence.
9. I hereby appoint SMVC as veterinary surgeons to my animals.

SIGNATURE

Signed	
Print name	
Date	

FOR OFFICE USE ONLY

Proof of residence checked:	Utility bill	Driving licence	Date
Processed onto Robovet by			Date
Checked on Robovet by			Date

