

# NEW CLIENT FORM

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## CLIENT INFORMATION

Title: ☐ Mrs ☐ Ms ☐ Miss ☐ Mr ☐ Dr ☐ Other \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Email: \_\_\_\_\_

## PET INFORMATION

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Sex: ☐ M ☐ F Desexed? ☐ Yes ☐ No

Microchipped? ☐ Y ☐ N Microchip Number: \_\_\_\_\_

Does your pet have previous medical records from another veterinarian? ☐ Yes ☐ No

Name of Veterinarian or Hospital? \_\_\_\_\_

Is your pet on any medications or supplements? \_\_\_\_\_

What are you feeding your pet? \_\_\_\_\_

What flea, tick, heartworm prevention is your pet receiving? \_\_\_\_\_

Is your pet vaccinated? ☐ Yes ☐ No If Yes, next due \_\_\_/\_\_\_/\_\_\_ Do you use pet insurance? ☐ Yes ☐ No

## HOW DID YOU HEAR ABOUT US?

☐ Internet - Name of Site \_\_\_\_\_ ☐ Referral – Name of referee \_\_\_\_\_

☐ Saw Clinic ☐ Other \_\_\_\_\_

## SOCIAL MEDIA & PRIVACY

Within the context of promoting our business and pet health, from time to time we may like to use images and/or videos for our social media sites. Do you wish your pet to participate on our social media sites? ☐ Yes ☐ No  
In our continued efforts to improve our service to you and your pet/s, from time to time we may send out surveys or information on our services. I am happy to receive emails from Animal Tracks in this regard ☐ Yes ☐ No

## PAYMENT POLICY

We accept cash and credit card (Mastercard/VISA/American Express). Payment is expected when services are rendered. I understand that I am financially responsible for the care and treatment of my pet (s). I agree that in the case of non-payment, interest fees will apply.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_