



# CLIENT REGISTRATION

## CLIENT INFORMATION

\*Mandatory. Δ Required If Applicable

Branch

Title (Mr, Mrs, Ms, etc.)\*

Surname\*

First Name\*

Other Name(s)<sup>Δ</sup>

Occupation\*

Employment Status\*  Full Time  Part Time  Other

Address Line 1\*

Address Line 2<sup>Δ</sup>

Town\*

County\*

Postcode\*

Home Telephone\*

Mobile Telephone<sup>Δ</sup>

Email<sup>Δ</sup>

Work Telephone<sup>Δ</sup>

(This will only be used with prior consent)

## PET INFORMATION

(If you are registering more than 4 pets, please attach a continuation form with your name and the pet's details)

	Pet 1		Pet 2		Pet 3		Pet 4	
Pet's Name								
Species								
Breed								
DOB/Age								
Colour								
Weight								
Sex (Tick appropriate)	M	F	M	F	M	F	M	F
Neutered (Tick appropriate)	Y	N	Y	N	Y	N	Y	N
Insured								
Insurer								
Policy No.								

CONTINUED OVERLEAF



# CLIENT REGISTRATION P2

## PRACTICE TRANSFER INFORMATION

Please tick ✓

Are your pets currently registered with another Veterinary Practice  Yes  No

If Yes, please provide contact details so that we may request transfer of your pet's medical records

Practice Name  Telephone No

Address Post Code

## OTHER INFORMATION

Please tick ✓

Are you happy to receive information on Pet Health, Our Services and Promotions  Yes  No

Would you like to join our Loyalty Card Scheme  Yes  No

We send out reminders for Preventive Healthcare treatments (e.g. Vaccinations, Worming, etc.) It is helpful for us to know by which method you prefer to receive notification (you may tick more than one box)

Please tick ✓

Email  Text  Telephone  Letter  No Preference

Please tell us how you heard of us e.g. Friend / Newspaper / Radio / Yellow Pages / Internet / Social Media

## PRACTICE USE ONLY

**Identification** **One Proof of Identification:** (Driving Licence, Passport etc.) together with **One Proof of Current Address:** (Utility Bill etc.) Staff initials

**I.D:**  Driving Licence  Passport  Other (State What)

**Proof of Current Address:**  Utility Bill  Other (State Which)

### Data Protection

Walton Lodge Veterinary Group only use the information you give us exclusively for the purpose of caring for your pet(s) and providing you with information related to the care of your pet. We do not share, sell or otherwise communicate information or your details to outside organisations except with your express consent.

### Declaration

I declare that the information I have given above is complete and correct and understand that i am responsible for the payment of all fees and that payment in full for all services is due at the time those services are rendered.

Signed

Date