



Scanned (___/___/___ Initial ___)

NCT/V Sent (___/___/___ Initial ___)

THE DOG CLINIC HOBART

New Client Form

* Indicates required to be filled in

Date: ___/___/___

OWNER DETAILS:

PLEASE PRINT

*Title: (please circle) Mr. Mrs. Ms. Miss. Dr. Other: _____

*First Name: _____ *Last Name: _____

*Address: _____

*Suburb: _____ Postcode: _____ State: _____

CONTACT DETAILS

*Mobile: _____ *Would you like to receive reminders? SMS None

*Email: _____ Landline: _____

Alternate contact name & number: _____

*Have you heard our radio ad on 7HOFM? Yes / No *How else did you hear about us?

Friend/recommendation (Who? They will get a treat!) _____

Passing by/sign Internet search Social media Other: _____

PATIENT DETAILS:

*Name: _____ *Breed: _____ *Age: _____

*Colour: _____ *Is your dog microchipped? Yes / No Weight _____ KG

*Sex: Male / Female *Is your dog de-sexed? Yes / No

*Does your dog have pet insurance? Yes / No Insurance company: _____

Policy #: _____

*When was your dog last vaccinated? _____ Type? _____

Any extra information?

Medications/supplements, Nervous, Dislikes being touched, Medication reactions, Other:

Which vet clinic/s have you been to previously? _____

Do you authorise The Dog Clinic to retrieve the history? Yes / No

Do you authorise photos to be taken & posted to social media? Yes / No