



The Dog Clinic Holiday Form

*** INDICATES MUST BE COMPLETED**

***OWNER DETAILS:**

PLEASE PRINT

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

*First Name: _____ *Last Name: _____

*Address: _____

*Suburb: _____ Postcode _____

*Dates you are away: _____ to _____

***CAN WE CONTACT YOU WHILE YOU ARE AWAY?**

YES / NO

*Phone: _____ *Email: _____

Other: _____

***CONTACT DETAILS OF CARER WHILE YOU ARE AWAY**

*First Name: _____ *Last Name: _____

*Address: _____

*Phone Number : #1 _____ #2 _____

***If you are unable to be contacted while you are away, do you give permission for the carers to make medical decisions on your behalf?**

YES / NO

***Is there a limit on funds that can be used before you are contacted?**

***If required do you authorise The Dog Clinic to pass on your details to AHVEC in case overnight care is required?**

YES / NO

***PET DETAILS:**

*Name: _____ *Breed: _____

IF YOU ARE A NEW CLIENT PLEASE COMPLETE THE BELOW:

Colour: _____ Age: _____ Weight: _____ KG

Sex: Male / Female Is your dog desexed? Yes / No Microchip #: _____

Does your dog have Pet Insurance? Yes / No

Insurance Company: _____ Policy #: _____

When was your dog last Vaccinated? _____ Type? _____

***YOUR DOG'S HEALTHCARE:**

***Does your dog take any medications or supplements or had any in the last month?**
(Please list drug, when given, how much, how long has your dog been on this medication)

***Any extra information? i.e. Dietary Requirements?**

***CREDIT CARD DETAILS – FORM TO BE SHREDDED ON DATE OF YOUR RETURN**

- Please note we do not keep a digital copy of this form
- To only be used when treatment is provided or food purchased
- We do not accept American Express cards

VISA Mastercard Other _____

Name on Card: _____

Card Number: _____ - _____ - _____

Exp: _____ / _____ CCV: _____

Signed: _____

Date: _____ / _____ / _____