



Scanned (\_\_\_/\_\_\_/\_\_\_ Initial \_\_\_)

NPT ONLY Sent (\_\_\_/\_\_\_/\_\_\_ Initial \_\_\_)

**THE DOG CLINIC HOBART**

**\*New Patient\* 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:** \_\_\_\_\_

**IF ANY DETAILS HAVE CHANGED PLEASE UPDATE CONTACT DETAILS**

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Mobile: \_\_\_\_\_ Would you like to receive reminders? SMS None

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

Alternate contact: \_\_\_\_\_

**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