beverly hills animal hospital

b.h.a.h.

NEW CLIENT FORM			
Owner's Details			
Surname		First Name	
Address			
Suburb		Postcode	
Phone (H)		Phone (M)	
Email	_ @ _____		

Pet's Details			
Pet's Name		Species	
Breed		Colour	
Date of Birth	/ /		
Sex	☐ Male ☐ Female	Desexed?	☐ Yes ☐ No
Last Vaccination	/ /		
Flea / Tick / Worm / Heartworm Product(s)		Last Given	/ /
What do you normally feed your pet?			
Has your pet ever had a reaction to medication?			

Insurance Details	
Pet Insurance Provider	
Pet Insurance Policy Number	

We are unable to provide any form of credit and we request full payment of fees upon completion of treatment or at time of discharge from hospital. If there are any concerns regarding payment please speak to a staff member prior to any treatment or procedure.

Please tick one of the following:

☐ I am over 18 and I am the owner of the pet above.

☐ I am over 18 and have permission to act as representative on behalf of the owner.

Client Signature: _____ Date: _____

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