



CLIENT INFORMATION FORM
Grafton VETERINARY CLINIC 128 Bacon St Grafton NSW 2460

Date of Appointment: _____

Your Details:

Mr/Mrs/Ms/Dr First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Postcode: _____

Ph:(H) _____ (W) _____ Mobile: _____

Email: _____

Pet Information:

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.): _____ Breed: _____

Colour: _____ Weight: _____ Male / Female Desexed? Yes / No

Allergies/Reactions: _____

Major Surgeries: _____

Behaviour Problems: _____

Pet Insurer: _____ Member No: _____

How much information do you want to be given about your pet's health? (Please Tick)

- I want a full explanation – anything and everything
- I want a brief explanation – just the important stuff
- I just want to know if there's anything I need to do – keep it simple.

How did you hear about us? (Please Name)

Phone Book: _____ Newspaper: _____

Medical/Hospital: _____ Other: _____

Personal Recommendation: Whom can we thank? _____

Payment is required at the time of service.

For your convenience, we accept Cash, Eftpos, MasterCard, Visa, American Express, Cheque, or VetPay. (VetPay must be set up in advance). *If payment is not made, GVC may not allow your animal to leave and further charges may be incurred for boarding.*

Method of payment? _____

Consent

The details of treatment, the risks of treatment, and/or the risk of not treating will be explained to you. If you choose to go ahead, you will be asked to fill in a Consent for Treatment/Surgery Form to bring with you at the next appointment/treatment/surgery date.

I consent to my animal being photographed/videoed and being used for either marketing or training purposes. Yes / No

Declaration

- I am over 18 years of age and am the owner/authorised person to request treatment
- I have been given an estimate and take full responsibility to pay all fees
- I recognise that there is some degree of risk attached to any medical or surgical procedure and if I have any questions/concerns regarding any procedure/s offered, I will discuss them with the Veterinarian
- I have read and understood this form

Signature _____ Date: _____