

Welcome to the Berwick Veterinary Hospital



Our aim is to provide exceptional service to you and your pets. Please feel free to ask questions or make suggestions as to how we can best cater for your needs. And, if you are impressed with our high standard of service, please tell others.

Your Details:

Other contact person: eg. spouse, partner

	Mr/Mrs/Miss/Ms/Dr		Mr/Mrs/Miss/Ms/Dr
Surname: First name:		Surname: First name:	
Address: Suburb: Postcode:		Address:	[] as above
Phone:	Home: Work: Mobile:	Phone:	Home: Work: Mobile:
E-mail address:		E-mail address:	

Your Pet's Details:

Name:		Breed:	
Colour:		Male/Female?	Neutered? Yes/No
Date of birth:		Last vaccinated:	
Last wormed:		Current Heartworm Prevention:	
If your pet has any medical conditions, allergies, or is on any medication, please write here:			

*If you have more than one pet, please fill in their details overleaf.

How did you hear about our clinic? Please indicate with one or more of the following:

Radio Advertising [] Letterbox Advertising []
 Passing By [] Yellow pages [] Other _____
 Referred By : _____
 Address: _____

We accept cash, cheque, VISA, BankCard, MasterCard, AMEX and EFTPOS. Clinic policy is that accounts be PAID IN FULL on the day of service/discharge of your animal.

I understand that if I do not abide by this policy I will bear any costs incurred in the recovery of the outstanding amount.

Signature..... Date.....

If you have more than one pet, please use this page to fill in their details:

Name:		Breed:	
Colour		Male/Female	Neutered? Yes/No
Date of birth		Last vaccinated	
Last wormed		Current Heartworm Prevention:	
If your pet has any medical conditions, allergies, or is on any medication, please write here:			

Name:		Breed:	
Colour		Male/Female	Neutered? Yes/No
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Last wormed		Current Heartworm Prevention:	
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