

## NEW CLIENT FORM

Welcome to the Small Animal Specialist Hospital and thank you for entrusting your pet in our care.



### PLEASE GIVE YOUR CAR REGISTRATION DETAILS TO RECEPTION

#### YOUR LOCAL VET CLINIC DETAILS

Name of Referring Vet	Name of Clinic
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#### YOUR DETAILS

Title	<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms	<input type="radio"/> Miss	_____	Surname	First Name
Street Address	Suburb			Postcode			
Home Phone	Work Phone						
Mobile	Email						

#### ALTERNATIVE CONTACT DETAILS (if applicable)

Name & Number	Name & Number
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#### YOUR PET'S DETAILS

Name	Breed	Colour						
Sex	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Unknown	Desexed	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	DOB or Age Estimate
Pet Insurance	<input type="radio"/> Yes	<input type="radio"/> No	Insurance Company	Policy Number				
Pet Weight	Has your pet eaten in the last 8 hours?	<input type="radio"/> Yes	<input type="radio"/> No	When did your pet last eat?				

#### YOUR PET'S MEDICATION (if applicable)

Name of Medication	Dose	Frequency	Last Time Given
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**SASH accepts payment via cash, bank cheque, Visa, Mastercard, AMEX or eftpos. We do not accept personal cheques.**

  
I Accept

**I understand full payment for the consultation and any associated fees is required at the end of the consult. If an estimate is provided, a 50% deposit is required, with the balance paid at the conclusion of treatment.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**EXAMINATION FORM - VET USE ONLY**



Owned since puppy or kitten?		Other pets in the household	
Date of last Vaccination		Date of last Heartworm prevention	
Date/product of last intestinal worming		Date/product of last flea & tick prevention	

Environment	
Diet	
Unusual Foods	
Appetite	
Thirst	
Urination	
Defecation	
Energy Level	
Toxins	

Recent History	
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Physical exam	BCS	MM	HR	PR	RR
Temperature	Weight		Murmur		

Demeanour	
Rectal Exam	
Abdominal Palpation	
Mammary Chain Palpation	
Lymph Nodes	
Spine / Joint	
Skin / Eyes / Ears	