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A lifetime of caring for your pet

We look forward to providing the best service to both you and your pet(s).
We would appreciate it if you could take the time to complete the following registration form and sign the relevant sections.
Thank you.

Your full name: Mr/Mrs/Miss/Ms		
Current address:		
Postcode:		
Telephone number	Mobile (we may use this number to send SMS updates)	Other e.g. workplace
Email address (We notify clients of vaccination reminders and other relevant news/health promotions via email)		

Has your pet(s) been registered at another veterinary practice in the past 12 months?	Y/N
If YES, please supply details. As a matter of professional courtesy, we may contact your previous vet for relevant clinical history. This allows us to ensure that appropriate treatment is provided. Please advise us if you or your pet(s) have been registered under a different name/address.	Name of previous veterinary surgery/town

How did you hear about Lomond Hills Veterinary Clinic?	
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We often take photographs of our patients which we sometimes use on social media or our website. Please tick the box if you would rather NOT have your pet's photo taken/used.	
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Please complete the next page with details of the pet(s) you wish to register as a patient of Lomond Hills Veterinary clinic and sign the client agreement section.

If you are registering more than one pet and printing from the website, please ensure you print out **Page 3** which is a continuation sheet for additional pets.

Lomond Hills Veterinary Clinic reserve the right to refuse registration, and to request that a client seeks veterinary treatment for their pet(s) elsewhere, at any time should the conditions of registration be breached.

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Pet Registration

Pet name		Species (dog/cat/rabbit etc)	
Breed		Colour/Description	
Age/Date of Birth		Sex	M/F
Neutered	Y/N	Microchipped	Y/N
Vaccinated	Y/N	Date of last vaccination if known.	
Insurance company if applicable			

We hope that our clients understand that veterinary surgeons provide a private healthcare service – there is no pet NHS. We aim to provide the best care at an affordable price but can only continue to do this if clients pay for treatment at the time.

We cannot allow any form of credit and any delayed payments may be charged a handling fee.

To help clients manage their veterinary fees, we accept all major debit and credit cards.

We do not accept payment by cheque.

We advise that clients consider pet health insurance or alternative savings plans.

We also offer our Lifetime of Caring Healthcare Plan, which will enable you to spread some of the costs of routine veterinary care. Please ask for information.

I accept the following conditions upon registration as a client of Lomond Hills Veterinary Clinic.

- ❖ I will keep my pet(s) under control within the surgery (cats in baskets/boxes or other suitable container, dogs on leads, small pets in a secure carrier) and to allow them the opportunity to toilet before attending (there is a dog waste bin in the car park) an appointment.
- ❖ I will treat staff and fellow clients with respect. Lomond Hills Veterinary Clinic will not tolerate abusive behaviour or language.
- ❖ **I will pay for all treatments at the time** and will inform a senior member of staff if financial difficulties are likely to occur.
- ❖ I will inform Lomond Hills Veterinary Clinic if I am unable to attend an appointment with my pet. I understand there may be a fee for missed appointments.
- ❖ **I understand that, out-with normal opening hours, Lomond Hills Veterinary Clinic use the services of Vets Now, a dedicated emergency Out of Hours service. Any fees are payable directly to Vets Now at the time of consultation. Vets Now are entirely independent of Lomond Hills Veterinary Clinic.**
- ❖ **I am 18 years of age or older, and the pet(s) on this form is/are my legal responsibility.**

Signed

Print name

Date

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Pet Registration - continuation sheet.

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Breed		Colour/Description	
Age/Date of Birth		Sex	M/F
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Vaccinated	Y/N	Date of last vaccination if known.	
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