

Murdoch University Veterinary Hospital

Patient Registration form – Spey Clinic



Murdoch
UNIVERSITY

CLIENT DETAILS

Name	Title	Surname	
	Given Names		
Address	Number	Street Name	
	Suburb		Postcode
	No PO boxes please		
Telephone	Home	Mobile	Work
	Email	Fax	

PATIENT DETAILS

Name								HAVE YOU OR YOUR PET BEEN TO MURDOCH UNIVERSITY VETERINARY HOSPITAL BEFORE?	Y / N
Species (circle)	Dog	Cat	Horse	Cow	Sheep	Bird	Exotics	Other	
Details	Breed			Colour					
	Sex	M / F	Sterilised	Y / N	Age				
Regular Vet	Clinic name				Pet insurance company				

AUTHORITY

I CONSENT TO THE STERILISATION OF THE ANIMAL DESCRIBED ABOVE. I ACKNOWLEDGE THAT THE SURGERY WILL BE PERFORMED BY A VETERINARY STUDENT UNDER DIRECT SUPERVISION OF A QUALIFIED VETERINARIAN. I AGREE TO PAY ALL AMOUNTS DUE ON DISCHARGE FROM HOSPITAL. IN THE EVENT THAT ANY ACCOUNT BECOMES OVERDUE, I AGREE TO PAY ALL REASONABLE DEBT COLLECTION COSTS AND COMMISSIONS. A LATE PAYMENT FEE MAY APPLY.

Payment Method	Cash	EFTPOS	Credit Card	Bankcard
Signature	Date			Time
	If not owner, agent's name, phone & address:			

Please indicate if you would prefer NOT to receive news of upcoming hospital events. We may also include information on public seminars and the fundraising activities of the Veterinary Trust, created to improve the well-being of our companion animals