



# CARE

No.7, Enfield Road, Ellesmere Port CH65 8DA

## Pre-registration

Please fill in this form, sign and return it to CARE. These registration details will help to ensure our records are complete and that we meet the legal requirements associated with client registration.

CARE will need a separate form for each pet, thank you.

### CLIENT DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### PET DETAILS

Name \_\_\_\_\_ Neutered YES/NO

Microchip number \_\_\_\_\_

(In 2016 this became a legal requirement for dogs)

Age \_\_\_\_\_ Species \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_ Colour \_\_\_\_\_

Date of last booster vaccination \_\_\_\_\_

Insurer (if insured) \_\_\_\_\_

Policy no. \_\_\_\_\_ Policy excess (£) \_\_\_\_\_

In the event of needing to use your insurance CARE advise that you contact your insurance provider for pre-authorisation where possible, as it will assist your claim.

Previous veterinary practice \_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_

I would like to register \_\_\_\_\_ at CARE.

**THIS IS IMPORTANT, SO PLEASE READ**

I understand that payment is due at the time of treatment. CARE accepts cash and card transactions (Visa, Debit, Solo). For our full terms of business please see our policy. By signing this form you are agreeing to our terms of business.

You are also giving consent for CARE to contact your previous veterinarian for your pet's clinical history (ie.their patient record).

I understand that my details will remain confidential under data protection with CARE.

Signed \_\_\_\_\_ Date \_\_\_\_\_