



Welcome to the  
BerryHaven Veterinary Group

New Client Form

Title..... Surname..... First name.....

Home address.....Suburb..... Postcode.....

Home phone..... Work phone..... Mobile.....

Email.....

Where did you hear about our hospital?.....

**Pet History:**

Name.....Sex.....Desexed? Yes / No

Species.....Breed.....Colour..... Age/ DOB.....

1. Last vaccination date \_\_\_/\_\_\_/\_\_\_ Would you like your pet vaccinated today? Yes / No

2. Last time wormed \_\_\_/\_\_\_/\_\_\_ Would you like your pet wormed today? Yes / No

3. Last time given flea prevention \_\_\_/\_\_\_/\_\_\_ Which product was used?.....

4. Last time given heartworm prevention? \_\_\_/\_\_\_/\_\_\_

Would you like your pet heartworm tested today? Yes / No

5. What do you feed your pet?.....

6. Has your pet ever had a "reaction" to any medicines?.....

**I Declare:**

- That I am the owner of this pet OR that I am authorised by the owner to sign this form.
- That I will pay all fees owing at the time of discharge unless alternative arrangements have been made with the veterinarian, IN WRITING before signing this form.
- That I recognise that there is some degree of risk attached to any medical procedure and that I have discussed any concerns I may have with the veterinarian and I hereby release, discharge and indemnify the veterinarian and any person or corporation associated with the hospital from all actions, suits, demands, claims, causes of action and costs of every description whatsoever at law, equity and under statute which I, being the owner of this pet or person authorised by the owner, or any other person or corporation has, may have had or but for this consent form could, would or might at any time hereafter have against the veterinarian or any person or corporation associated with the hospital in respect of or arising directly or indirectly out of the treatment/anaesthetic/surgery.
- That I have read and understood this form.

Client signature..... Date.....