

# Murdoch University Veterinary Hospital

## Patient Registration form – Spey Clinic



**Murdoch**  
UNIVERSITY

CLIENT DETAILS

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

PATIENT DETAILS

<b>Name</b>								HAVE YOU OR YOUR PET BEEN TO MURDOCH UNIVERSITY VETERINARY HOSPITAL BEFORE?	Y / N
<b>Species</b> (circle)	Dog	Cat	Horse	Cow	Sheep	Bird	Exotics	Other	
<b>Details</b>	Breed			Colour					
	Sex	M / F	Sterilised	Y / N	Age				
<b>Regular Vet</b>	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.*

<b>Payment Method</b>	Cash	EFTPOS	Credit Card	Bankcard
<b>Signature</b>	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