**Wave Vets Pre Registration form**

Thank you for your interest in joining Wave Vets. To register please complete in full and return to us in person or email hello@wavevets.co.uk We will then ask you to book a chargeable veterinary consult within a month to complete registration.

|  |  |  |
| --- | --- | --- |
| TITLE | FIRST NAME  | SURNAME |

|  |  |
| --- | --- |
| ADDRESSPOSTCODE | HOME PHONEWORK MOBILEMOBILE PHONE |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| PETS NAME | SPECIES |
| BREED | COLOUR |
| SEX AGE | NEUTERED |
| VACCINATED?DATE OF LAST VACCINE | WORMED?DATE LAST TREATED |

|  |
| --- |
| HAS YOUR PET BEEN IMPORTED?IF YES, HAVE THEY BEEN BRUCELLA TESTED? |

|  |
| --- |
| IS YOUR PET CURRENTLY REGISTERED AT ANOTHER VETS? IF YES PLEASE GIVE THE PRACTICE NAME ARE THEY CURRENTLY RECEVING ANY TREATMENT?  |

|  |
| --- |
| HOW DID YOU HEAR ABOUT OUR PRACTICE? (please circle) Live locally Second opinion Recommendation Social media  |
| IF RECOMMENDED, BY WHOM? |

|  |
| --- |
| ARE YOU INTERESTED IN OUR MONTHLY WAVERS CLUB? (please circle) Yes No Would like more details |

|  |
| --- |
| MAILING LIST – Are you happy for us to contact you via email for the following (please circle) Treatment reminders Information Marketing  |

**PAYMENT TERMS – Payment is required in full at time of treatment or on collection of an in-patient.**

Full terms and conditions can be found on our website at [www.wavevets.co.uk](http://www.wavevets.co.uk)

Signature ……………………………. Print ………………………….…………………. Date …………………………..