**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](mailto:hello@wavevets.co.uk) We will then ask you to book a chargeable veterinary consult within a month to complete registration.

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| TITLE | FIRST NAME | SURNAME |

|  |  |
| --- | --- |
| ADDRESS  POSTCODE | HOME PHONE  WORK MOBILE  MOBILE PHONE |
| EMAIL ADDRESS |  |

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

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

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

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

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

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| 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 …………………………..