

Client Information	
Full Name:	
Phone Number:	
Email Address:	
Preferred Contact Method: ☐ Phone ☐ Text ☐ Email	
Address:	
Property & Airstrip Details (For Farm Visits Only)	
Property Name:	
Property Address:	
GPS Coordinates of Airstrip:	
Length of Airstrip (in meters):	
Has the airstrip been serviced recently? ☐ Yes ☐ No If yes, Date of Last Service:	
Is the airstrip currently boggy or soft? ☐ Yes ☐ No ☐ Unsure	
Are there any nearby obstacles?	
□ Powerlines	
☐ Trees	
☐ Hilly/Rough Terrain ☐ Other:	
Additional Notes for Pilot or Vet Team:	

Pet(s) Information Pet's Name: Species: ☐ Dog ☐ Cat ☐ Livestock ☐ Other: _____ Breed: Age or Date of Birth: **Sex:** □ Male □ Female □ Neutered/Spayed Color/Markings: Microchipped? ☐ Yes ☐ No **Reason for Appointment** (Please briefly describe your concern or the purpose of the visit) **Pet's Medical History Current Medications:** □ None If yes, please list: Allergies: ☐ None If yes, please list: **Previous Illnesses or Surgeries:** ☐ None If yes, please list:

Is your pet up to date on vaccinations? \square Yes \square No \square Unsure

Emergency Contact/Secondary Contact Name: ______ Phone Number: ______ Relationship to You: ______ Authorization I authorize the veterinarian to examine, treat, and perform diagnostic or therapeutic procedures as necessary for the health and well-being of my pet(s). I understand that I am financially responsible for all services rendered. Signature: ______ Date: _______

Submission Instructions

Please complete this form and email it to Dr. Campbell Costello at campbell@outbackvets.au prior to your appointment.

Please visit our website outabackvet.au