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# GVH NEW CLIENT FORM

## WELCOME TO GVH

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DATE: .....

TITLE: .....

INITIALS: .....

FIRST NAME : .....

SURNAME: .....

HOME PHONE NUMBER: .....

WORK PHONE NUMBER: ..... MOBILE NUMBER: .....

POSTAL ADDRESS: .....

SUBURB: ..... STATE: ..... POSTCODE: .....

HOME ADDRESS (If different to above): .....

SUBURB: ..... STATE: ..... POSTCODE: .....

EMAIL ADDRESS: .....

Do you allow documents and reminders to be sent to this email address? Y/N .....

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### ANIMAL DETAILS

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NAME: .....

SPECIES: DOG ..... CAT ..... OTHER .....

BREED: .....

COLOUR: .....

SEX: M/F ..... DESEXED: Y/N ..... AGE/DOB: .....

MICROCHIP NUMBER: .....

WEIGHT: (kg) ..... VACCINATION LAST GIVEN: (Date) ...../...../.....

HEARTWORM PREVENTION: Y/N..... TYPE:.....

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### HOW DID YOU HEAR ABOUT US?

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|--|--|
| <input type="checkbox"/> YELLOW PAGES                                  | <input type="checkbox"/> INTERNET            |
| <input type="checkbox"/> YELLOW PAGES – INTERNET                       | <input type="checkbox"/> REFERRED FROM VET   |
| <input type="checkbox"/> LOCAL RESIDENT (SAW SIGN)                     | <input type="checkbox"/> PREVIOUSLY A CLIENT |
| <input type="checkbox"/> OTHER: .....                                  | <input type="checkbox"/> LOCAL NEWSPAPER     |
| <input type="checkbox"/> REFERRED BY FRIEND (NAME OF FRIEND):<br>..... |  |

ALL ACCOUNTS MUST BE PAID AT TIME OF CONSULTATION OR ON DISCHARGE FROM HOSPITAL