# Paws and Go Mobile Veterinary Clinic

## New Client Registration Form

### Primary Client Details

**Full Name (including title):**

**Address:**

**Main Contact Phone Number (the number you prefer to be contacted on first):**

**Other Numbers:**

**Email Address:**

**Preferred Contact Method (X which you prefer, can choose multiple):**

[ ] Phone [ ] Email [ ] Text

### GDPR – Please ‘X’ if you would like to opt out of marketing emails or texts [ ]

### Other Client Details (please include if you would like other contact information as well as the information above, this can also help if there is someone else who can make decision on care and treatment on your behalf)

**Full Name (including title):**

**Address:**

**Main Contact Phone Number (the number you prefer to be contacted on first):**

**Other Numbers:**

**Email Address:**

**Preferred Contact Method (X which you prefer, can choose multiple):**

[ ] Phone [ ] Email [ ] Text

**Relation to Primary Client Details:**

### Pet Details (for multiple pets please add more at the bottom of this section)

**First Pet Name:**

**Species:** [ ] Dog [ ] Cat [ ] Small furry (please specify): \_\_\_\_\_\_\_\_\_\_

**Breed and Colour:**

**Date of Birth/Age:**

**Sex:** [ ] Male [ ] Female [ ] Neutered

**Any Known Medical Conditions/Allergies:**

-

**Vaccinations and when next due, Current Medications (if any):**

-

**Microchip Number** (don’t worry if you don’t have this information, please ask for us to scan when we see you to check the number):

**Second Pet Name:**

**Species:** [ ] Dog [ ] Cat [ ] Small furry (please specify): \_\_\_\_\_\_\_\_\_\_

**Breed:**

**Date of Birth/Age:**

**Sex:** [ ] Male [ ] Female [ ] Neutered

**Any Known Medical Conditions/Allergies:**

-

**Vaccinations and when next due, Current Medications (if any):**

-

**Microchip Number** (don’t worry if you don’t have this information, please ask for us to scan when we see you to check the number):

(If you have more pets that you wish to register, please add the details below with the above information)

### ‘Bricks and Mortar’ Vet Practice information

As a mobile veterinary clinic, our services are tailored to provide convenient, at home care for your pets. However, we acknowledge that certain treatments, diagnostics, or procedures may require the facilities available at a ‘bricks and mortar’ practice. In such cases, we will advise you to visit this practice to ensure your pet receives the most appropriate and comprehensive care that is possible. Please provide the details of the ‘bricks and mortar’ practice below:

**Practice Name:**

**Address:**

**Email Address:**

**Phone Number:**

To ensure continuity of care, we will share your pet’s updated clinical history with your alternative practice. This allows them to stay informed about any treatments, medications or recommendations made by Paws and Go. We will also request history from your alternative practice so we also have the up to date history for your pets. (We recommended not opting out of this, the RCVS recommends that we keep in touch with any other vets related to your pets care and keep information up to date for the best interest of your pet.

**Please ‘X’ the box if you do not consent to sharing the clinical history [ ]**

Please note, if you opt out, you will be responsible for telling us to send clinical history to other vets and there is likely to be a 24-48hour delay on doing this depending on the time and day the request is made.

### Parking Information

**Is there parking available at your property?** [ ] Yes [ ] No

**If Yes, what type of parking is this?**

[ ] Driveway [ ] On road parking [ ] Other (please specify):

**If 'No,' please provide details of nearby parking:**

**Are there any parking restrictions or time limits?** [ ] Yes [ ] No

**If Yes, please specify what the restricted times are:**

**If parking restrictions apply, we will need a parking permit for our visit, please confirm this will be provided by putting an ‘X’ in the box [ ]**

### Consent & Acknowledgment

I confirm that the above information is accurate to the best of my knowledge. I understand that Paws and Go Mobile Veterinary Clinic may require a parking permit if restrictions apply and that providing this permit is my responsibility. Please let us know if any of the above information changes so we can update our records.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Office Use Only

Client ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parking Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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