



# SCOTT MITCHELL VETERINARY CARE LTD.

## New Client Registration Form

Tyne Green, Hexham, NE46 3SG Tel: 01434 608999

Email: Equine@smvc.co.uk

29 High Street, Tow Law, DL13 4DH Tel: 01388 731911

Email: Towlaw@smvc.co.uk

### CONTACT INFORMATION

Title	Mr	Mrs	Ms	Miss	Dr	Other:
First Name				Middle Name(s)		
Surname						
Home address						
Postcode						
Telephone (home)						
Telephone (mobile)						
Telephone (work)						
Email address						

### ANIMAL LOCATION

Address						
Postcode						
Contact person at this location						
Name						
Telephone (home)						
Telephone (mobile)						

### ANIMAL INFORMATION

Name	Breed/Type	Sex	DOB	Colour

### PROOF OF RESIDENCE

We require proof of residence in the form of one of the following. Please tick to indicate which method you are supplying:

Utility bill (dated within the last 3 months)	<input type="checkbox"/>	Driving licence	<input type="checkbox"/>
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### COMMUNICATION PREFERENCES

By default, you will receive invoices and statements by email, if you would prefer to receive these by post please tick this box:	<input type="checkbox"/>
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## COMMUNICATION PREFERENCES (continued)

In the interests of the welfare of your pets, we have a legitimate need to send you treatment reminders, vaccination reminders, appointment/visit reminders, laboratory results, treatment progress reports, health warnings and treatment recalls by telephone, text, email, post or social media.

We may wish to contact you by newsletter, for marketing and special offers, please tick the options below to indicate how you would like to be contacted:

Phone		Text message		Email		Post		Other electronic messaging	
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## PREVIOUS VETERINARY PRACTICE

Practice name

## INSURANCE DETAILS

Animal name	Insurance company	Policy number	Insured for: (please circle)
			Vets fees / Loss of use / Death
			Vets fees / Loss of use / Death
			Vets fees / Loss of use / Death
			Vets fees / Loss of use / Death

## HOW DID YOU HEAR ABOUT US?

How did you hear about Scott Mitchell Veterinary Care Ltd? Please delete as appropriate.

Word of mouth	Hexham Courant	Website	Internet search	Facebook	Yellow Pages
Other:					

## AGREEMENT

1. All invoices are to be paid on presentation.
2. I acknowledge receipt of the Terms and Conditions of sale/service and have read its contents.
3. I agree to abide by the standard Terms and Conditions of sale/service of Scott Mitchell Veterinary Care Ltd
4. I acknowledge that Scott Mitchell Veterinary Care Ltd may share financial and non financial information with other veterinary practices who may need to provide emergency care, supportive care, second opinions or supercessions of care.
5. I acknowledge receipt of Scott Mitchell Veterinary Care Ltd Privacy Policy and have read its contents.
6. I accept the terms of Scott Mitchell Veterinary Care Ltd Privacy Policy.
7. I understand that Scott Mitchell Veterinary Care Ltd may contact my former veterinary practice to obtain previous veterinary records.
8. I understand that all dealings with the practice will be treated in strict confidence.
9. I hereby appoint Scott Mitchell Veterinary Care Ltd as veterinary surgeons to my animals.

## SIGNATURE

Signed

Print name

Date

### FOR OFFICE USE ONLY

Proof of residence checked:	Utility bill		Driving licence		Date	
Processed onto Robovet by					Date	
Checked on Robovet by					Date	