We're so happy to have you as a new client!
Thank you!

Nicklin Way VETERINARY SURGERY

We would like to welcome you to our family at Nicklin Way Veterinary Surgery. Our team is passionate about the health and happiness of your beloved family member. We appreciate your trust in us to care for their needs from preventative health care to emergency medicine and surgery.

Please complete the form below to ensure we have the correct information for you and your pet.

New Client / Owner Information	
Primary owner – first and last name:	
Mobile phone:	**Email:**
Primary address:	
Spouse/partner/second contact – first and last name:	
Mobile phone:	**Email:**
Preferred contact method: ☐ *Phone* ☐ *Email* ☐ *Either*	
Would you like to receive SMS and/or email reminders and appointment confirmations by: Email: ☐ *Yes* ☐ No SMS: ☐ Yes ☐ No	
How did you hear about our clinic? ☐ *Google* ☐ *Website* ☐ *Drove by* ☐ *Social media* ☐ Event ☐ *Other:* ☐ *Family or friend referral – please include their name so we may thank them*: *Name*: *Pet name*:	
Pet #1 Information	
Name:	Species: ☐ *Dog* ☐ *Cat* ☐ *Other*_____
Breed:	DOB/approx. age:
Colour:	
Gender: ☐ *Male* ☐ *Male Neutered* ☐ *Female* ☐ *Female Speyed* ☐ *Unknown*	
Microchip: (if unknown, write 'please scan')	
Pet #1 Medical Information	
Please list any serious illnesses or surgeries:	
Please list any allergies to vaccines or medications:	
Please note any special diet or current medications:	
Is your pet covered by pet insurance? ☐ No ☐ Yes – policy details:	

Social Media

Occasionally NWVS posts pictures of pets on our social media sites. With your permission and in appropriate circumstances we would love to be able to take photographs and videos of you and/or your pet while they are visiting with us. We use first names only. Do you consent to NWVS using images on social and other promotional media?

☐ Yes – me and my pet ☐ Yes – just my pet ☐ No

Consultation Notes Recording

To help us improve the efficiency and accuracy of our note taking, we kindly ask for your consent to record your consultations using AI technology. These recordings will be used solely for creating thorough and precise medical records and will be handled with strict confidentiality. Please let us know if you have any questions or concerns and indicate if you consent for these recordings to be made.

☐ Yes, I consent ☐ No, I do not consent ☐ I'm not sure and have some queries I would like to discuss

Financial Policy

Full payment is due at the time of services. We accept cash, EFTPOS, Mastercard, Visa, AMEX, VetPay and Zip Pay. We do not offer financial services or accounts. A deposit of 50% of the estimate may be required before extensive services are rendered. Any costs incurred in the recovery of overdue accounts, including debt collection fees, will be added to the outstanding balance.

Signature: **Date:**

Please list additional pets over page →

Additional pets:

Pet #2 Information	
Name:	Species: ☐ *Dog* ☐ *Cat* ☐ *Exotic* ☐ *Other*
Breed:	DOB/approx. age:
Colour:	
Gender: ☐ *Male* ☐ *Male Neutered* ☐ *Female* ☐ *Female Speyed* ☐ *Unknown*	
Microchip: (if unknown, write 'please scan')	
Pet #2 Medical Information	
Please list any serious illnesses or surgeries:	
Please list any allergies to vaccines or medications:	
Please note any special diet or current medications:	
Is your pet covered by pet insurance? ☐ No ☐ Yes – provide policy details:	

Pet #3 Information	
Name:	Species: ☐ *Dog* ☐ *Cat* ☐ *Exotic* ☐ *Other*
Breed:	DOB/approx. age:
Colour:	
Gender: ☐ *Male* ☐ *Male Neutered* ☐ *Female* ☐ *Female Speyed* ☐ *Unknown*	
Microchip: (if unknown, write 'please scan')	
Pet #3 Medical Information	
Please list any serious illnesses or surgeries:	
Please list any allergies to vaccines or medications:	
Please note any special diet or current medications:	
Is your pet covered by pet insurance? ☐ No ☐ Yes – provide policy details:	