



Swanspool Veterinary Clinic  
1 London Road, Wellingborough, Northants NN8 2BT  
Tel: 01933 222145

## New Client Registration Request

### ABOUT YOU

Title (Mr/Mrs/Miss etc): .....

Name (first name & surname): .....

Address: .....

.....

.....

Postcode: .....

Email: .....

Contact Number (Home): .....

Contact Number (Mobile): .....

In order for us to comply with GDPR regulations we need proof of ID to verify your details, this can be any official document with your name & address details (e.g. driving licence, utility bill, Council tax statement etc). **Please include a copy of your ID with this form.**

**Payment Terms:** In order to keep our fees to a minimum, our payment terms are payment in **FULL** at the time of treatment. Balances can be settled by cash or credit and debit cards. If you bring a pet into us on someone else's behalf you are deemed to have care, custody and control of this pet and take responsibility for any treatment administered and any costs incurred. If you do not adhere to our terms we reserve the right to add late payment charges and refuse any further treatment.

**Insurance Claims:** Please note we charge an administration fee of £7.50 every 6 months, per condition, for submitting small animal insurance claims. For more detailed information please visit our website ([www.swanspoolvets.com](http://www.swanspoolvets.com)).

Due to the number of new registration requests we are currently receiving we may not be able to accommodate all requests for registrations. In this situation we may apply strict criteria and prioritise some patients.

**Please note we are unable to accept any second opinions or pets that are currently undergoing treatment with another local practice.**

I wish to proceed with my application and agree to Swanspool Veterinary Clinic policies and procedures, which may be subject to change at short notice.

Signed: .....

Name: ..... Date: .....

**ABOUT YOUR PET** (please use a separate sheet for each pet)

Species (Dog/Cat/Rabbit/Small Furry/Exotic/Bird): .....

Breed: .....

Name: .....

Date of birth (if known) or approximate age: .....

Colour: .....

Gender  MALE  FEMALE

Is your pet spayed/Castrated  YES  NO

Is your pet microchipped?  YES  NO

Microchip details if known: .....

Any other information we need to know about your pet: .....

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**PREVIOUS VET INFORMATION**

**Transferring to us** - Because of data protection laws, some vets will not release your pet's medical history directly to us. We would appreciate it if you could contact your previous vet directly requesting a copy of your pet's medical history, this allows us to provide your pets with continuity of care. Please include all pets history when you return this form. Unfortunately if this is not attached we are unable to process your request further.

Previous Vet Details (if applicable)

Is your pet registered with another vet?  YES  NO

If yes, please complete below:

Vet Practice: .....

Practice address: .....

Practice contact details: .....

Reason for moving: .....