

BATH AND BISCUITS REGISTRATION FORM

OWNERS NAME:.....

OWNERS ADDRESS:.....

.....

EMAIL:.....

TEL:.....

EMERGENCY CONTACT:

NAME: TEL:.....

DOGS NAME:.....

BREED:.....

COLOUR:..... AGE:.....

SEX:.....

NEUTERED/SPAYED:

MICROCHIPPED: CHIP NUMBER:

FULLY VACCINATED:..... DATE OF LAST BOOSTER:.....

ALLERGIES/SKIN CONDITIONS:

.....

PAST INJURIES/ACCIDENTS:

.....

.....

ANY OTHER MEDICAL CONDITIONS:

.....

.....

MEDICATION:

ANYTHING ELSE YOU THINK WE SHOULD KNOW {eg: past grooming history, behaviour issues, personality, likes, dislikes, etc}

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.....
.....
.....
.....

VETERINARY SURGERY

NAME:.....

ADDRESS:.....

.....

EMAIL:.....

TEL:

Our first concern is the welfare of your dog, so in the event of illness, any exposed health issues, accident or injury, we may deem it necessary to either call a vet for advice or to attend to administer care.

We will try to contact your vet first, but in the event of an emergency we may deem it necessary to contact our emergency vets, our nominated vets for such care is:

ROSEMARY LODGE VETERINARY HOSPITAL (24HRS) WELLSWAY, BATH, BA2 5RL

TEL: 01225 832521

This registration form and the contents of it are for our records only, and are used for the safety and welfare of your dog.

By signing below, you are confirming the information you have given is true to the best of your knowledge, and that you are agreeing to the terms set out regarding emergency veterinary care and any transfer of information between us and any veterinary parties.

Signed (owner):.....Date:.....

Print name:.....