



**REGISTRATION FORM FOR  
ORTHOPAEDIC REFERRAL CLIENTS**

To ensure our records are accurate, please use **BLOCK CAPITALS** to complete this form.  
Upon arrival at our practice, please hand this form to one of our receptionists.

**Please bring any notes and/or X-rays relevant to your pet's case with you**

**Client's details:**

Mr/Mrs/Miss/Dr/Other:..... Surname:.....

Address:.....

..... Postcode:.....

**Contact numbers:**

Home:..... Mobile:.....

**Usual Veterinarian:**

Practice name & address:.....

.....Postcode:.....

Telephone number:..... Fax number:.....

**Patient details:**

Name:..... Sex:..... Neutered: Yes/No

Animal: Dog/Cat/Rabbit Breed:..... Age:.....

*Please list the following:*

Usual diet:.....

Current medication:.....

Drug or food allergies:.....

Does your animal have any of the following (MRI safety): please tick as appropriate

- ☐ Cardiac pacemaker
- ☐ Plates, pins, screws, metal mesh used to repair a bone or joint
- ☐ Joint replacement or prosthesis
- ☐ Bullet, shrapnel, or other type of metal fragment
- ☐ Metallic foreign body within or near the eye

**Insurance details:**

Insurance company:..... Policy number:.....

This information will help us claim back promptly fees that you have settled. Please bring a claim form.

**Method of payment:**

50% estimated cost is due at the time of admittance with the balance payable on collection of your animal. How do you plan to settle your account?

- ☐ Building society cheque
- ☐ Cash
- ☐ Card