

ANIMAL MEDICAL CENTRE REFERRAL SERVICES

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amcreferrals.com

REGISTRATION FORM

Please complete details using **BLOCK CAPITALS**.

Owner's surname		Title	Mr / Mrs / Dr
Forename		<i>Other</i>	
Address		Telephone	
Post Code		<i>Home</i>	
		<i>Mobile</i>	
		<i>Work</i>	

Name of Animal		Breed	
Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Neutered	Date of last vaccination	Age
The animal is a	<input type="checkbox"/> Working animal <input type="checkbox"/> Breeding animal <input type="checkbox"/> Show animal <input type="checkbox"/> Pet <input type="checkbox"/> Farm animal		

This animal is	<input type="checkbox"/> Not insured <input type="checkbox"/> Is insured,	Company	
Has a claim already been submitted for the current condition		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, what description of the condition was used for the claim			

Referring Vet's Name	
Referring Veterinary Practice Title and Address	

Please indicate your intended method of payment
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Switch <input type="checkbox"/> Banker's Draft <input type="checkbox"/> Building society cheque

Your consent is required for us to undertake the necessary procedures

- Please register me as a referral client of Animal Medical Centre Referral Services.
- I have read and understood the owner information sheet and agree to the conditions and terms of business
- I agree to pay all fees incurred in the investigation and treatment of my animals.
- I understand that all fees are payable in full on the day they are incurred (less any deposit paid)*.

Signed _____

Date _____

* Fees will normally be discussed and a detailed estimate prepared during or immediately after a consultation with your AMCRS clinician. However, if arriving with an animal in a critical state, emergency treatment may have to be started before the consultation.

Please note that fee estimates are given exclusive of VAT.