**REGISTRATION FORM **

**Client Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **PET NAME:** |  | | |
| **BREED:** |  | **AGE:** |  |
| **SEX:** |  | **NEUTERED:** |  |
| **MICROCHIP:** |  | | |

**GDPR**

We would like your consent to send vaccination reminders and parasite control reminders. We will store your details safely & keep your information secure. You may withdraw your consent at any time by contacting the clinic.

I am happy to receive veterinary reminders by text (circle as appropriate):

YES NO

**Where did you hear about us?**

* Search Engine
* Recommendation (name optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Word of mouth
* Social media
* Newspaper/Magazine (name optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other

**Terms & Conditions**

I have read & understand the terms & conditions set out by Bushypark Vets.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**