

WELCOME TO BORDER VETS



Title: Forename / initials:

Surname:

Address:

House Name / Number:

Street:

Town:

County:

Post Code:

Home Phone:

Work Phone:

Mobile:

Fax:

Would you like us to text you reminders for boosters / worming etc?

E-mail:

Would you like us to send your reminders by e-mail?

How did you find out about us?

Which branch do you normally use? Selkirk Innerleithen Galashiels

If you are a new client, please provide your previous Vet's details:

Pet's Details – use a column for each one and use a second sheet if needed ☺

NAME				
SPECIES (eg dog)				
BREED (eg pug)				
COLOUR				
GENDER				
NEUTERED?				
MICROCHIPPED?				
AGE OR D.O.B				
INSURED?				
WHO WITH?				

Thank you

Please bring this form with you when you come to your first surgery and we can register you as quickly as possible, or if you are passing pop it in and you'll be pre- registered at all our practices ☺