



## United Veterinary Clinic Pte Ltd

Reg No: 201326982D

107 Ang Mo Kio Ave 4, #01-148, Singapore, 560107

Tel: 6455 6880 Fax: 6455 0886 Website: unitedvetclinic.com

### Client & Patient Registration Form

Welcome to United Veterinary Clinic (UVC)!  
Thank you for giving us the opportunity to care for your beloved pet.

#### Owner's Details

Owner's Name: (Mr/ Mrs/ Ms/ Miss) \_\_\_\_\_ NRIC: \_\_\_\_\_

Spouse/ Co-Owner(s) : \_\_\_\_\_

Telephone No.: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Email(s): \_\_\_\_\_

#### Pet's Details

Pet's Name: \_\_\_\_\_ Microchip No. : \_\_\_\_\_

Species :  Dog  Cat  Others: \_\_\_\_\_ Breed : \_\_\_\_\_

Colour : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Gender :  Male  Female Sterilized :  Yes  No

Behavioural Warning : \_\_\_\_\_

Reason(s) for Visit : \_\_\_\_\_

Previous veterinary clinic(s) to obtain medical records: \_\_\_\_\_

Any Food / Drug allergies, Prior or Current medical conditions / surgeries:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **How did you find out about us?**

Personal Referral. If so, who may we thank? \_\_\_\_\_

Internet. Please specify (Google/ Facebook etc.) \_\_\_\_\_

Location



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### **Authorisations**

#### **Consent for Treatment:**

I, the undersigned owner or agent of the owner, or Good Samaritan of the pet(s) identified here, certify that I am over (18) eighteen years of age and consent to the examination and treatment of my pet(s) by the veterinary staff at United Veterinary Clinic (UVC). I also agree that after consultation with me, the attending veterinarian may prescribe medication and treatment, hospitalise, anaesthetise and/or perform surgery on my pet. I understand that I can terminate treatment at any time by contacting the veterinary staff.

I understand that some risks exist with medical treatment of animals and that I am encouraged to discuss my concerns in detail with UVC veterinary staff, prior to the initiation of treatment. Should it occur that unexpected life-saving emergency care is required and my attending veterinarian is unable to reach me, UVC has my permission to provide such treatment and I agree to pay for such care.

#### **Consent for Photo/Video:**

Do we have your permission to share your pet's story and photographs or videos on social media, our website & other forms of related media? Your name and personal information will never be shared.

I authorize  / I do not authorize  UVC to share my pet's photo & story for educational or promotional purposes.

#### **Consent, Access, Disclosure and Retention of your Personal Data Collection:**

I agree to consent on the collection, use, retain and disclosure of your personal data by UVC for the purposes of rendering veterinary services. For more information on how UVC collects, uses, and discloses your personal data, you may refer to our Data Protection Policy which is available upon your request.

#### **Terms of Service:**

Payment in full is required at the time services are rendered. I understand that, as the owner, I am financially responsible for any and all services rendered.

By signing below, I, the undersigned owner or agent of the owner, or Good Samaritan, am confirming that all of the information provided on this form are accurate and complete to the best of my understanding and that I authorise the permissions as indicated above for treatment consent, photo permissions, personal data consent and financial responsibility.

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

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