

WEST BAR VETERINARY HOSPITAL

PRE-REGISTRATION QUESTIONNAIRE

We understand you wish to register with our veterinary practice, West Bar Veterinary Hospital (WBVH).

We regret that due to unprecedented demand for our services we are not able to accept all requests for registration.

To be considered for registration as a client at WBVH you must first complete our Pre-Registration Questionnaire.

The information you provide will be used to determine registration eligibility so please provide as much detail as possible.

Please complete the all the sections as requested on pages 1 and 2 of the questionnaire.

Once you have completed this questionnaire please scan pages 1 and 2 and send by email to mypet@westbarvets.uk. High quality photographs are acceptable provided we can read all the information.

If you are unable to do this then please drop your completed questionnaire into reception or post it to the practice.

If you require assistance in this pre-registration process please speak to a member of our team on 01295 262332.

Our team aim to consider your request for registration and inform you of our decision within 3 weeks of receipt of your questionnaire.

If your application is successful we will inform you if you are registered with immediate effect or have been placed on our 'waiting list'.

Please read the 'Important Information' on the next page

Important Information

In applying to be a registered client of WBVH you agree to the following :-

1. You understand that you are not a registered client at our practice until you have received confirmation of your registration from our team.
2. You understand that if your registration is unsuccessful we are not required to give you a reason .
3. You agree for us to hold your details on a 'waiting list'.
4. You agree that you have read and understood our Terms and Conditions of Business which are available and regularly updated on our website at <http://westbarvets.co.uk/client-information/terms-and-conditions/>
5. You understand that we can terminate our service at any time if inaccurate or misleading information is provided in pre-registration questionnaire.

Thank you

West Bar Vets Team

Updated 07/02/2022

PRE-REGISTRATION QUESTIONNAIRE FOR WEST BAR VETERINARY HOSPITAL

Please complete all sections of this document and return to the practice

Your Details :-

Name	
Address	
Postal Code	
Telephone Number	
Mobile Telephone Number	
Email address	
Current Vet Practice details including Phone No.	
Have you ever been registered at WBVH or attended our practice for Out Of Hours Services? Please give dates	
Has a member of your household/ family ever been registered or attended our practice? Please give details	
Please give details of why you wish to register at our West Bar Veterinary Hospital practice.	

Your Pets (if you wish to register more than 3 pets please provide details on another sheet)

	Pet 1	Pet 2	Pet 3
Pet Name			
Species / Type			
Breed			
Colour			
Age			
Sex			
Microchip			
Insured			
Insurance Company			
Policy Number			

Write any brief medical details for your pets here :-

I agree that I have read and understood the 'Important Information' outlined on the first 2 pages of this document.

I accept the Terms and Conditions of West Bar Veterinary Hospital referred to in the 'Important Information' section of this document.

I confirm that the information I have provided is true and correct.

Signed :-

Name :-

Date :-