



Cambridge Vets SENIOR PET CLUB ENROLMENT FORM

OWNER INFORMATION

Title: Miss/Ms/Mrs/Mr/Mr & Mrs	First Name/s:	
Last Name:		
Home Phone:	Work Phone:	Mobile Phone:
Postal Address:		
Suburb:	City:	Postcode:
Email address:		

PATIENT INFORMATION

Name:		
Species: Canine/Feline	Breed:	
Sex: Male/Female	Desexed: Yes/No	Current weight:
Date of Birth:	Age:	Colour:

EXTRA INFORMATION

Your answers, together with your veterinarian's examination, will provide a thorough evaluation of your pet's health and assist with the early detection or prevention of diseases.

Have you noticed a change in your pet's drinking?	Yes/No	More/Less
Have you noticed a change in your pet's eating?	Yes/No	More/Less
Has your pet developed bad breath?	Yes/No	
Has your pet's weight changed recently?	Yes/No	Increased/Decreased
Have you noticed a change in your pet's energy/activity levels?	Yes/No	Increased/Decreased
Have you noticed a change in your pet's toileting habits?	Yes/No	
Any other health issues/medications we should be aware of? If so, please comment:		
I prefer to be contacted by (please tick): <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Mail		
Signature of applicant:		Date:

Please note: No single indicator is used to diagnose disease, but it can suggest that further investigation is appropriate. As pets age, they become more susceptible to a number of different diseases including periodontal disease, diabetes, obesity, arthritis, heart or kidney disease.