



## CLIENT & PATIENT INFORMATION SHEET

Thank you for giving Jireh Veterinary Clinic the opportunity to care for the pets you love!  
So that we may become better acquainted, please take a moment to complete the following:

### **Owner Information**

*(For accurate data keeping, please fill out the form in BLOCK LETTERS)*

Name (Dr/Mr/Mrs/Ms) \_\_\_\_\_ NRIC/FIN No. \_\_\_\_\_

Address \_\_\_\_\_

Home Tel. No. \_\_\_\_\_ Office Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

WE ARE COLLECTING EMAIL ADDRESSES FOR OUR OWN FUTURE USE TO INCLUDE VACCINATION REMINDERS, SPECIAL CLINIC EVENTS OR PRODUCT ANNOUNCEMENTS. WE RESPECT YOUR PRIVACY. PLEASE INDICATE ACCORDINGLY:

- YES, SEND REMINDERS, EVENTS & ANNOUNCEMENTS TO ME VIA EMAIL.  
 NO, DO NOT SEND ANYTHING TO MY EMAIL.

### **Patient Information**

Pet's Name \_\_\_\_\_ Neutered \_\_\_\_\_ Y / N / Unsure \_\_\_\_\_ Sex \_\_\_\_\_

Species \_\_\_\_\_ Avian/Canine/Feline/Rodent/Others \_\_\_\_\_ Breed \_\_\_\_\_ Colour \_\_\_\_\_

Approx. Date of Birth / Age \_\_\_\_\_ Microchip No. \_\_\_\_\_

Previous Veterinary Care By \_\_\_\_\_

Please tell us the reason for your visit \_\_\_\_\_

How did you first hear of us? \_\_\_\_\_

- Yellow Pages       Sign       Referral       Internet  
 Friends       Others (please specify \_\_\_\_\_ )

### **INFORMED CONSENT**

I certify that I am over 18 years of age and will assume responsibility for all charges incurred in the care of this pet. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED and that A DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED OR BOARDING PET. I will also adhere to the policies and Terms and Conditions set by Jireh veterinary Clinic Pte. Ltd. If full payment is not made as required, Jireh Veterinary Clinic has my permission to obtain credit information from an authorised agency to assess my credit worthiness to aid in collection.

Owner/Responsible Party: \_\_\_\_\_ NRIC/FIN No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 主人与动物资料表

感谢您给予以勒兽医诊机会来照顾您所疼爱的宠物。

以让我们更了解您的状况，请先抽些时间填满以下的表格：

### 主人资料

(以便电脑储存，请尽量以英语填写下栏。)

姓名 (医生/先生/太太/小姐) \_\_\_\_\_ 身份证/护照号码 \_\_\_\_\_

地址 \_\_\_\_\_

住宅电话 \_\_\_\_\_ 公司电话 \_\_\_\_\_ 传真号码 \_\_\_\_\_

手提电话 \_\_\_\_\_ 电邮地址 \_\_\_\_\_

我们正在收集电邮地址，以便将来发出预防针提醒通告，

以及有关本诊所特别活动与产品的通告。我们尊重您的私人权。请在以下表明：

是，请发送提醒通告及特别通告至本人的电邮地址。

不，请勿发送任何通告至本人的电邮地址。

### 动物资料

动物名称 \_\_\_\_\_ 绝育 \_\_\_\_\_ 是 / 非 / 不清楚 \_\_\_\_\_ 性别 \_\_\_\_\_

种类 \_\_\_\_\_ 品种 \_\_\_\_\_ 颜色 \_\_\_\_\_

出生日期/年龄 \_\_\_\_\_ 微晶片号码 \_\_\_\_\_

以往兽医 \_\_\_\_\_

请问您的宠物为何来看兽医 \_\_\_\_\_

请问您是如何得知本诊所的？

新加坡黄页  诊所招牌  医疗转诊  网络  朋友介绍

其他 (请详细说明： \_\_\_\_\_ )

## 知情同意

本人证实，本人现已年满18岁，并将承担此动物所有的医药费。本人了解，本人必须在此动物接受治疗的同时付满医药费，以及在此动物入院当时付下押金。此外，本人承诺遵守以勒兽医诊所所设下的条规。若本人无法付满此动物的医药费，本人准许以勒兽医诊所向有关公司查出本人的信用等级，以便收集此款。

主人/代理人 \_\_\_\_\_ 身份证/护照号码 \_\_\_\_\_

签署 \_\_\_\_\_ 日期 \_\_\_\_\_