



Bayswater Vet Clinic
ACN: 144 072 051 ABN:42 717 554 962
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Dr Peter Kirkpatrick Bsc BVM

WELLNESS PROGRAM CONSENT FORM

First Name: _____ Surname: _____
Name of Patient: _____ Breed: _____
Date of Birth: _____ Age: _____ Sex: _____
Colour: _____ Species: _____
Weight: _____ kg Address: _____
Suburb: _____ Postcode: _____
Phone: _____ Email: _____

Please answer the following questions

1. Choose your Wellness Program Package:
Classic Premium Extra Needed? Y/N _____

2. Enter your payment details:

Number: _____ Expiry date: ____ / ____ / ____

Name on Card: _____

3. Fill in the below details:

Vaccination Due Date: ____ / ____ / ____ Vaccination Type: _____

Heartworm Due Date: ____ / ____ / ____

Intestinal Worm Due Date: 1st of _____ OR 15th of _____

Flea Due Date: 1st of _____ OR 15th of _____

I understand and agree:

- that I am the legal and responsible owner or guardian of the above listed animal and have the authority to agree to these contractual terms.
- to the terms and conditions of the Wellness Program run by Bayswater Vet Clinic.
- that by signing this contract, I am agreeing to the fulfillment of this contract for the full period of 12 months from the date of signing.
- if I have opted for the Deposit/Monthly payment option I am liable to fulfil these payments for the duration of 12 months, in monthly instalments via credit card or bank transfer as per the attached contract
- the terms of this contract listed on the website are non-negotiable.
- products used may vary depending on availability
- that Bayswater Vet Clinic take no responsibility for third parties such as Australia Post.
- that it is my responsibility as the signatory of this contract to advise Bayswater Vet Clinic of any changes that may affect this contract.

I have read and understood the terms of the Wellness Program I am registering for.

Name: _____ Signature: _____ Date: ____ / ____ / ____

OFFICE USE:

Team Member Name: _____

Full Payment: _____ Payment type: Cash EFT

Date Processed: _____