CLIENT REGISTRATION FORM (EQ)



Carlisle House, Townhead Road, Dalston, Carlisle, Cumbria, CA5 7JF **www.paragonvet.com**

Thank you for choosing to register with Paragon Veterinary Group. To secure your registration in line with General Data Protection Regulation (GDPR) and to authorise requests for both clinical and financial services we require full completion of this form including all persons responsible.

Please use BLOCK CAPITALS.

1. TITLE FIRST NAME IN FULL .		NAME IN FULLS	SURNAME	
DOB MOBILE		LEE	MAIL	
ADI	Dress			
2 . T	ITLE FIRST	NAME IN FULLS	URNAME	
DO	В МОВ	LEE	MAIL	
ADI	DRESS			
Ani	mal Details			
		HORSE 1	HORSE 2	
	Name			
	Breed			
	DOB			
,	Colour			
,	Height			
	Sex			
	Insurance Company			
	Last Vaccine Date			

TABLING ADDRESS			
PREVIOUS VETERINARY PRACTICE			
HOW DID YOU FIND US? (recommended, website, etc)			
TERMS & CONDITIONS			
Full Payment will be required at the time of treatment for a minimum of the first three visits and medications on collection. Payment is required by cash /debit card only, via telephone, converge link or when the vet is in attendance. Following three visits, we will consider your account for monthly invoice to be paid within 30 days.			
All fees are payable promptly on receipt of your invoice. Please respect that we do not operate credit facilities unless authorised in advance by a member of the credit team.			
Any outstanding balances will receive additional late payment charges.			
Failure to forward payment will affect your future veterinary services. Clients will be liable for any additional overdue fees, court costs or recovery fees if incurred, to enforce collection of any outstanding balance. By signing this registration, any professional third party requiring financial information to recover any debt incurred on your account, will be provided to them on request. You are signing and agreeing to the attached Terms and Conditions.			
PLEASE INDICATE YOUR PREFERRED METHOD OF PAYMENT: Credit / Debit Card BACS Cash			
Please register me with Paragon Veterinary Group. By signing this form I acknowledge that the information I have given is accurate, and the business terms and conditions have been read and understood.			
I consent to marketing and vaccination reminders being sent by Text, Email or Post			
Equine Vaccinations			
We endeavour to send annual booster reminders for your horse, however we courteously remind owners it is their responsibility to ensure an appointment is made in line with their horse's vaccination record on their passport, thank you.			
1. OwnerDate			
2. OwnerDate			



Received by Paragon (initials)