



OFFICE USE ONLY: PETLINX ☐ MYOB ☐ MC ☐

## Membership Information

How did you hear about us? \_\_\_\_\_

### Client details

Full Name \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home PH \_\_\_\_\_ Work PH \_\_\_\_\_

Mobile PH \_\_\_\_\_

Email \_\_\_\_\_

### Second Contact Details

Name \_\_\_\_\_

Phone No \_\_\_\_\_

### Dog Details

Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex      Male      Female

Colour \_\_\_\_\_ Allergies? \_\_\_\_\_

Desexed    Yes    No

Future date of de-sexing if under 8 months \_\_\_\_\_

Date of Birth \_\_\_\_\_ or approx Age \_\_\_\_\_

Last C5 Vaccination Date \_\_\_\_\_ (certificate of proof required)

Intestinal worming type \_\_\_\_\_ Date given \_\_\_\_\_

Preferred vet in case of emergency \_\_\_\_\_