

Export Client Information

Your details

Name: Mr. Mrs. Ms. Miss Dr.

Home address:

E-mail address:

Export Details:

Destination:

Date Of Travel:

Will you be returning to Australia with your pet/s? If yes, when?

Are you using a transport agent? If yes, who?

How did you hear about us?

Pet's details

Pet Name:

Breed:

Colour:

Sex: Male Female Entire Desexed

Birth date/Age: dd/mm/year

Microchipped: Yes No

Last vaccination date:

Previous Vet:

We accept cash, cheque, VISA, MasterCard, & EFTPOS. Accounts must be **paid in full** on the day of service/discharge of your animal as is clinic policy. I understand that if I do not abide by this policy I will bear any costs incurred in the recovery of the outstanding amount.

Signature.....

Date.....