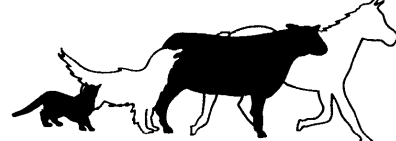


BOMADERRY VETERINARY HOSPITAL Pty Ltd



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Senior Pet Program Enrolment Form

Surname: _____

Address: _____

Phone no. home: _____

Phone no. mobile: _____

Patient Name: _____ **Species:** CAT / DOG **Breed:** _____

MALE / FEMALE **Date of Birth:** ____/ ____/ ____

The benefits of being in the Senior Pet Program include substantial savings on all of your pet's visits and product purchases, therefore conditions apply to membership and must be agreed on at the time of joining.

Conditions of membership:

- Senior pet must be microchipped
- Senior pet must have an annual health check, blood screen and urinalysis (health check can be combined with annual vaccination)
- Senior pet must be up to date with vaccinations
- Senior pet must be on heartworm prevention (dogs only)
- Senior pet must be up to date with allwormers
- If your Senior pet is on prescription medications, 6 monthly checks will be necessary
- All of the above services and products must be performed or sold by Bomaderry Veterinary Hospital * (see exceptions below)

I _____ agree to the above conditions of membership and wish to enrol my pet into the Bomaderry Veterinary Hospital Senior Pet Program.

I understand that if any of the above conditions are not followed during my pet's membership that I will no longer receive the 10% discount on my enrolled senior pet's products and services.

Signature: _____ **Date:** ____/ ____/ ____

***Exceptions:**

- Senior pet is already microchipped
- Senior pet has been vaccinated elsewhere, we must view a certificate of vaccination and further vaccinations must be done at Bomaderry Veterinary Hospital
- Heartworm prevention or allwormer purchased elsewhere. We must view product being used and further purchases of heartworm preventative and allwormers must be from Bomaderry Veterinary Hospital