



REGISTRATION FORM

Please complete the form below with BLOCK CAPITALS for written entries.

Surname	Forename	Title: Mr/Mrs/Miss/Dr
---------	----------	-----------------------

Address
Post code

Landline	Mobile phone
----------	--------------

e-mail

Name of Animal	Breed	
Sex: male/female/neutered	Vaccination	
Is your animal: Working, Breeding, Show, Pet	Age	
Insurance details	Start date of condition	Start date of insurance

Please read the following paragraph and sign below:

Ophthalmology telemedicine is an advisory service and clients need to be aware that I might not be able to provide a diagnosis, treatment and I might need to recommend your pet may require to be seen with an ophthalmologist.

Please tick if you agree

I give informed consent to Dr. Tamir Spiegel BVMS MRCVS Diplome Ecole Ophthalmologie ENVA to undertake ophthalmological management of my pet, as named above. I understand that Dr. Tamir Spiegel has obtained the National French certificate in Veterinary Ophthalmology.

.....
Signature

.....
Date