**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 EcoleOphthalmologie 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 |
|  |
|  |