

# City Vet



## CLIENT REGISTRATION FORM

**PLEASE PRINT IN CAPITALS**

Date: \_\_\_\_\_

### CLIENT DETAILS

Owners Name: \_\_\_\_\_

Spouse / Partner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Spouses No: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PET DETAILS

Pets Name: \_\_\_\_\_ Breed / Species: \_\_\_\_\_ Colour: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered: Yes  No

### Why did you choose to bring your Pet / Pets to City Vet?

Walked In

Facebook

Referred by Client

Referred by Vet

Website

Other

Other Reason, please describe: \_\_\_\_\_



Veterinary Healthcare Services  
Medical & Surgical Facilities

061 419760  
CityVet Veterinary Clinic  
12 Lord Edward St,  
Limerick



#### Surgery Hours

Monday to Friday:  
9am to 7pm

Saturday:  
10am to 1pm

Sunday:  
Closed

Please phone for  
an appointment

After hours emergency number  
Please call 061 419760  
for the Vet On Call number

### New Client Voucher

**€10 OFF**  
**first visit fee**

New clients only. Limit one coupon per household.  
Not valid with other offers. Terms & conditions apply.