



CLIENT INFORMATION

We care more!

Salutation: Mr. Ms. Mrs.

First Name: _____

Last Name: _____

Mobile Number: _____

Emirates ID No.: _____

Date of Birth : _____

Country of Origin: _____

ADDITIONAL INFORMATION

Home Phone: _____

Work Phone: _____

Email Address: _____

PO Box: _____

Spouse First Name: _____

Spouse Last Name: _____

Spouse Mobile No.: _____

ADDRESS

Emirates: _____

Please tick or fill:

<input type="checkbox"/>	Green Community East	<input type="checkbox"/>	Palm Jumeirah
<input type="checkbox"/>	Green Community West	<input type="checkbox"/>	Arabian Ranches 1
<input type="checkbox"/>	Green Community West Phase 3	<input type="checkbox"/>	Arabian Ranches 2
<input type="checkbox"/>	Dubai Marina	<input type="checkbox"/>	Meydan
<input type="checkbox"/>	Al Ghadeer Village (Abu Dhabi)	<input type="checkbox"/>	Damac Hills (Hessa)
<input type="checkbox"/>	JBR Jumeirah Beach Residence	<input type="checkbox"/>	Damac Hills 2 (Akoya)
<input type="checkbox"/>	JVC Jumeirah Village Circle	<input type="checkbox"/>	Springs (Number) :
<input type="checkbox"/>	JVT Jumeirah Village Triangle	<input type="checkbox"/>	Meadows (Number) :
<input type="checkbox"/>	JLT Jumeirah Lakes Towers	<input type="checkbox"/>	Other:

Area: _____

Street : _____

Building Name: _____

Flat / Villa Number : _____

Who recommended our clinic to you? : _____

How did you hear about us? : _____

Terms and Conditions:

Policy on Cancellation of Appointments and No-Show:

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. In this case please contact BOVC by phone on 04 - 88 48 580 during our working hours or by WhatsApp on 056-827-5293 even during the night.

By providing us notice of a cancellation, we may be able to accommodate other patients with your appointment slot. When you do not show up for a scheduled appointment, it creates an unused appointment slot that could have been used for another patient, that might need urgent treatment. That's why it is very important that you call at least 24 hours in advance to cancel your appointment. If you don't cancel or rebook at least 24 hours before the appointment we reserve the right to charge you AED100.-- at your next visit.

Reminders:

As a courtesy, without being legally obliged to do so, we make reminder calls or send emails or text messages for appointments and vaccinations, if we can. In case you did not receive a reminder call, email or text message, the No-Show policy remains in effect.

If you don't provide your email address, we are not able to send you reminders for vaccinations or other appointments.

Down payment for hospitalization:

Blue Oasis Veterinary Clinic (BOVC) will charge a refundable down payment of AED 2,000.-- when a patient is hospitalized, regardless for which procedure or for how long. During the hospitalization BOVC will inform you about the running costs and if the amount of the down payment is used up, you need to top up the deposit, so that further treatment, diagnostics, etc. are covered.

I agree that my data will be saved and understand and agree to the policy, terms and conditions of BOVC with my signature.

Signature: _____

Date: _____

To be filled by BOVC

BOVC Client Number :

Employee:

Location:

PATIENT 1 INFORMATION

Patient's Name: _____

Species: _____

Breed: _____

Coat Colour: _____

Sex: Male Female IDK

Neutered/Spayed: Yes No Not Sure

Date of Birth: _____ Not Sure

Microchip Number: _____

I don't know./ I have no record.

No, please get my pet microchipped.

ADDITIONAL INFORMATION

Age Group: Kitten Puppy Juvenile
 Adult Geriatric Not sure

Next Rabies Vacc: _____

Neuter/Spay Date: _____

Chronic Disease: _____

Ongoing Medication: _____

Date of Microchipping: _____

PATIENT 2 INFORMATION

Patient's Name: _____

Species: _____

Breed: _____

Coat Colour: _____

Sex: Male Female IDK

Neutered/Spayed: Yes No Not Sure

Date of Birth: _____ Not Sure

Microchip Number: _____

I don't know./ I have no record.

No, please get my pet microchipped.

ADDITIONAL INFORMATION

Age Group: Kitten Puppy Juvenile
 Adult Geriatric Not sure

Next Rabies Vacc: _____

Neuter/Spay Date: _____

Chronic Disease: _____

Ongoing Medication: _____

Date of Microchipping: _____

PATIENT 3 INFORMATION

Patient's Name: _____

Species: _____

Breed: _____

Coat Colour: _____

Sex: Male Female IDK

Neutered/Spayed: Yes No Not Sure

Date of Birth: _____ Not Sure

Microchip Number: _____

I don't know./ I have no record.

No, please get my pet microchipped.

ADDITIONAL INFORMATION

Age Group: Kitten Puppy Juvenile
 Adult Geriatric Not sure

Next Rabies Vacc: _____

Neuter/Spay Date: _____

Chronic Disease: _____

Ongoing Medication: _____

Date of Microchipping: _____

To be filled by BOVC

BOVC Client Number :

Employee:

Location: