

**ABBAY VETERINARY CENTRE HEALTHCARE PLAN**

**MEDICAL HISTORY DECLARATION**

In order to enable us to process your application to join the Healthcare Plan, please complete the following statement and return this form to us. Please use block capitals unless otherwise stated.

Owner's name

Address

Post Code

Tel No

**Details of pet**

Name

Breed

Colour

Age

Sex

Spayed or castrated?

Has your pet previously received or is it currently receiving treatment or advice for any medical, surgical or behavioural condition from any other veterinary practice, behaviour counsellor, homeopathic practitioner or any other person, including yourself (Yes or No)?

Has your pet ever shown signs of any medical condition for which you have not so far sought treatment and about which you have not yet informed this practice (Yes or No)?

If you answered Yes to either of the above questions, please give full details on the back of this form. Please include the name, address and telephone number of any person or practice who is or was involved in treatment not included in our medical records so that we can contact them to obtain any previous medical history.

Please complete the following declaration:

I declare that my pet named above is not suffering from and has not suffered at any time from any medical, surgical or behavioural condition which has not been disclosed to the Abbey Veterinary Centre, Grimsby.

NB. If you are in any doubt about what constitutes a medical, surgical or behavioural condition, please ask the Abbey Veterinary Centre Head Nurse for advice.

Signature

Name (please print)

Date