Mr/Mrs/Miss/Dr/Other:.…..... First Name(s): ………….......... Surname: …………………………….….................

Registration Form

Address: ……………………………………………………………………………….......…………….…….....

……………………………………………………………………….…………………………………………..…

……………………………………………………………………………………………………………………..

Post Code: …………………..……

Please provide us with as many contact numbers as possible, in order of preference:

Phone 1: …………………..………….………….……. Is this **home / work / mobile / other**……..…..…..

Phone 2: ………….…..…………………………..….… Is this **home / work / mobile / other**………..…...

Phone 3: ………....……………………………….…… Is this **home / work / mobile / other**………...…...

Email address (1)......................................................................................................................................

Email address (2) ………………………………………………………………………………………………

Please state names of any relatives/agents who you consent to us discussing your pet’s information

Name: ……………….……………… Tel no: …………………….…… Relationship to you:………..…….

Name: ……………….……………… Tel no: …………………….…… Relationship to you:………..…….

**Pet Details:**

Name: ………………………………………………. Sex: Male / Female Neutered: Yes / No

Species: Cat / Dog Breed: …………………………..………………… Age: …......……..……...

Last vaccination: within one month within 6 months 6 to 12months > 1 year

Vaccinated against kennel cough? (strongly recommended) – Y/N Date:............................

**Insurance:**

Is your pet insured? Yes / No

Insurance company: …………………………………… Policy number: ………………………………...

Limit: £……………….... Per condition/per year (please circle) Policy Excess £…………………..

How much of the limit has been used by your referring vet £..........................

- - - - - - - - - - - - - -

I consent to my pet receiving emergency treatment should this be required on arrival at the hospital.

I understand that any personal data will be collected, used and stored in accordance with the Privacy Policy available at [www.andersonmoores.com](http://www.andersonmoores.com)

Name ………………………..…….…. Signature …………..………….…………… Date ………….……..

**CONSENT BY CLIENT PET OWNERS FOR CONTRIBUTIONS TO CLINICAL RESEARCH**

I understand that Anderson Moores Veterinary Specialists is a business unit of Linnaeus Veterinary Limited (Company no: 10790375), with a registered address at Friars Gate, 1011 Stratford Road, Shirley, West Midlands, B90 4BN, United Kingdom (“Linnaeus”). Linnaeus and any company within the Linnaeus group of companies, which includes:

* + Linnaeus;
	+ any subsidiary or holding company from time to time of Linnaeus; and
	+ any subsidiary from time to time of a holding company of Linnaeus, Linnaeus is a part of MARS Petcare (“Group Companies”).

I understand that Linnaeus is committed to providing the highest standards of care to animals and contributing knowledge and expertise to the veterinary community to help improve animal health and welfare.

I freely give my consent for:

* clinical data archived in my pet’s medical record, diagnostic images (e.g. radiographs, ultrasounds, CT or MRI scans), photographs and videos to be used anonymously for clinical and health research, training and publication purposes;
* any residual samples from those collected for diagnostic purposes (e.g. fluid, faecal or tissue samples) that are not required for testing to be stored for future use in clinical and health research;
* anonymised clinical data, images and archived fluid, faecal or tissue samples to be shared within the Linnaeus Group Companies or with third parties and used in ethically approved clinical research projects undertaken by the Linnaeus Group Companies and their collaborators (whether academic or non-academic). I agree that the Linnaeus Group Companies and their collaborators shall be free to commercialise the results of any such approved projects and that I am not entitled to receive any financial benefit from this.
* Linnaeus through its business unit, Anderson Moores Veterinary Specialists, and any of its Group Companies contacting me (e.g. by telephone, email or by writing) to ask for follow up information on my animal to allow for clinical research and internal auditing of cases; this may be useful if, for example, a specific condition or disease was being evaluated.

**CONSENT FOR USE OF CLIENT NAMES AND PHOTOS**

I consent voluntarily to my photo, provided by me or taken by my practice or the Linnaeus group or an approved third party, being used in the future by any practice within the Linnaeus group or the Linnaeus support office for either internal or external marketing materials (such as newsletters, websites, internal events/conferences, social channels such as Linked In, practice guides, booklets, etc).

I understand that I can refuse to provide my personal data for these purposes and can withdraw from any new activities at any time, without having to give a reason by sending the request to news@linnaeusgroup.co.uk.

I am informed that no disadvantages arise in case the consent is not granted or revoked.

Please tick the appropriate boxes below:

I I consent to internal use of my photo within the Linnaeus group

I co I consent to external use of my photo within the Linnaeus group

Name ………………………..…….…. Signature …………..………….…………… Date ………….……..