



CLIENT INFORMATION

Title Full Name

ID Number

Residential Address Code

Home Cell

Work Place of Employment

Email Address

Spouse / Friend Contact Number

PET INFORMATION

Please fill in the appropriate information for each pet you brought in with you today.

	PET 01		PET 02		PET 03	
Name						
Species (Cat/Dog/Other)						
Breed						
Colour						
Birthday or Appox Age						
Sex						
Spayed / Neutered?	Yes	No	Yes	No	Yes	No
Current Diet? (Brand Name)						

ADDITIONAL PET INFORMATION

Previous veterinarian(s) where records could be obtained?

Please list any prior illnesses or surgeries we should know about:

Please list any current medication your pet is on:

Is there any other information about your pet we should know about?

Please turn over

GENERAL

- 1. I hereby certify that I am the legal owner of all the pets that are listed under my file at this facility from time to time, and that I am liable for all expenses incurred on their behalf at this facility.*
- 2. I undertake to ensure that an adult person presents all pets for treatment, and am aware that the staff at this facility will be unable to accept instructions for treatment from anyone under 21 yrs of age.*
- 3. I hereby unconditionally indemnify this facility and the staff of this facility against any claim of whatsoever nature arising from negligence in any form whatsoever.*

PAYMENT AGREEMENT

WE DO NOT DO ACCOUNTS. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

- 1. I acknowledge that all accounts are payable in full upon presentation.*
- 2. I undertake to inquire as to the extent and approximate costs of a proposed treatment, failing which I unconditionally accept that I am liable for the costs thereof.*
- 3. I hereby render myself responsible for all costs, including interest at a rate of 2.5 % per month, for all telephone calls and time spent by the staff of this facility incurred in the recovery of the outstanding amount from time of presentation of the account.*
- 4. In the event that an account is handed over to your lawyers or other agent for collection, I irrevocably agree to pay for all costs on a lawyer and client scale, Legal Counsel on their agreed scale, collection commission, (including the costs and collection commission of any correspondent Attorney employed by your Attorneys or agent in connection therewith) and interest thereon at the rate of 1 % per month.*
- 5. I irrevocably consent to an attachment order being issued on my income against my current or future employers.*
- 6. I irrevocably consent to the jurisdiction of the court of choice of this facility and agree that all performance took place within the jurisdiction of these courts.*
- 7. I acknowledge that I have read these conditions and hold myself bound thereto.*
- 8. I hereby choose the Residential Address on page 1 for the service of all notices and court documents.*

Signed at Somerset West this day of , 20

Please sign here

Full names:

Please sign here

Witness: