



CLIENT INFORMATION

Title Name & Surname

ID Number

Residential Add Code

Home Cell

Work Place of Employment

Email Address

Spouse/Friend Cell

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
Microchipped?	Yes	No	Yes	No	Yes	No
Annual Vaccination up to date?	Yes	No	Yes	No	Yes	No
On Systemic flea / tick control?	Yes	No	Yes	No	Yes	No
Dewormed in last 6 months?	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, per pet, any known drug or vaccine allergies:

Are any of your pets currently on a special diet or medication?

PLEASE TURN OVER

PAYMENT AGREEMENT

WE DO NOT RUN ACCOUNTS. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We will gladly prepare a written cost estimate if you desire (please ask the veterinarian). In cases of extensive medical or surgical treatment where full payment may be difficult on discharge, we accept all major credit cards and can establish a payment arrangement IF ARRANGED AND APPROVED IN ADVANCE of treatment.

- 1. I acknowledge that all accounts are payable in full upon presentation.*
- 2. I undertake to pay a deposit equal to the pre-estimated account prior to hospitalisation if requested to. I will settle any outstanding balance upon presentation of the invoice.*
- 3. 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.*
- 4. 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.*
- 5. 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 2.5 % per month.*
- 6. I irrevocably consent to an attachment order being issued on my income against my current or future employers.*
- 7. 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.*
- 8. I acknowledge that I have read these conditions and hold myself bound thereto.*
- 9. I hereby choose the residential address listed above for the service of all notices and court documents.*

GENERAL AGREEMENT

- 1. I hereby certify that I am the legal owner of all the pets that are listed under my file at this facility 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 not be held liable for any instructions for treatment from anyone under 18 yrs of age.*
- 3. When leaving my pets in the care of others (holiday, overseas, hospital etc) I will make provision for a responsible adult person to act on my behalf,*
 - 3.1. Giving them express consent to contract with this facility on my behalf regarding treatments, finances, decisions regarding euthanasia etc*
 - 3.2. Enabling them to pay deposits and other payments on my behalf.**Should I fail to make such arrangements, I hereby unconditionally undertake to abide by the decisions made in good faith in my absence by the staff at this facility, and declare myself unconditionally responsible for the payment of all professional fees for such treatment.*
- 4. 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.*

Signed at _____ this _____ day of _____ 2020

Please sign here

Full names:

Please sign here

Witness:
