



## 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**

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

1. *I acknowledge that all accounts are payable in full upon presentation. [In cases of extensive medical or surgical treatment where full payment may be difficult on discharge, we can establish a payment arrangement IF ARRANGED AND APPROVED IN ADVANCE of treatment.]*
2. *I undertake to pay a deposit equal to the pre-estimated account prior to hospitalisation if requested to do so.*
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 % per month, for all costs to 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 incurred during this process and interest thereon at the rate of 2 % 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.*
8. *I hereby choose the residential address on page 1 for the service of all notices and court documents.*
9. *I acknowledge that I have read these conditions and hold myself bound thereto.*

## **GENERAL**

1. *I hereby certify that I am the legal adult 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. *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, giving them express consent to contract with this facility on my behalf regarding treatments, finances including decisions regarding euthanasia and enabling them to pay deposits and other payments on my behalf.*
3. *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.*

## **INFORMED CONSENT**

Teva veterinary Clinic is committed to adhere to all legislation imposed by government to take all steps necessary to safeguard personal information, specially, in accordance with POPIA as per our data protection and information sharing manual.

*I/We herewith confirm that I/we have read the Data Protection and Information Sharing Policy of Teva Veterinary Clinic.*

*I/We confirm that we know and understand that Teva Veterinary Clinic will be placed in possession, obtain, acquire and have access to my/our personal information in relation to me and/or my business in general which includes other third parties and I/We confirm that the information is accurate and up to date.*

*And as such I/We confirm that I/we are aware of:*

- a) *The type of information that Teva Veterinary Clinic will collect.*
- b) *The nature and Category of the information as well as how and where it will be stored.*
- c) *The purpose the information is collected and/or stored.*
- d) *The source of the information.*
- e) *Who the responsible party is and who the information officer is.*
- f) *That our/my information may, from time to time, be shared with third parties in terms of a legal-, contractual, voluntary- and/or mandatory requirement and in general for providing me/us with services so offered by Teva Veterinary Clinic.*
- g) *I/We further confirm that we are aware that we may object hereto in writing at any time and that my/our consent may be withdrawn at any time.*

Teva Veterinary Clinic in turn undertakes:

- a) *To collect, process and store your personal information for the purpose it is intended.*
- b) *Not to unlawfully disclose your personal information and shall only disclose such personal information if and when it is legally obligated to do so.*
- c) *To ensure that sufficient policies, safeguards and protection measures are implemented to protect your personal information.*

*And as such I / We hereby consent to the processing of my /our personal information by Teva Veterinary Clinic*

**Signed at Somerset West on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

**Signature:** \_\_\_\_\_

**Full Names of duly authorised signatory:** \_\_\_\_\_