



BAKENKOP

DIEREKLINIEK • ANIMAL CLINIC

Address

1 Caper avenue, Eldoraigne x 3, Centurion

Tel 012 653 4474/2

After hours 082 5511 966

Fax 012 653 4353

Web bakenkopvet.co.za

INFORMED CONSENT AND AGREEMENT TO TREATMENT

- 1) I, the undersigned, an adult major, hereby authorise the veterinarians and staff of this veterinary facility to perform any reasonable treatment/anaesthesia and surgery they may deem necessary in their professional opinion, including further or alternative measures as may be necessary during the course of the surgery and/or treatment of my pet.
- 2) I recognise that there is some degree of risks attached to any medical or surgical procedure or treatment, I accept and agree to this. I have discussed any concerns I have with the veterinarian. I hereby absolve the veterinarians, staff and this facility of all liability or actions, arising directly and indirectly from the treatment/anaesthesia/surgery.
- 3) I am aware that this veterinary facility does not provide 24-hour monitoring per day of patients. Should I wish to have my pet monitored 24-hours per day while hospitalised, I will make arrangements with the staff of this facility for a referral to a 24-hour clinic.
- 4) I undertake to keep in daily contact to enable staff to inform me of the progress, costs incurred and additional treatment involved, of my hospitalised animal.
- 5) I confirm that I am aware of the extent and approximate costs involved; I agree that the account and payment of account is subject to the Prescribed Rate of Interest Act and that I remain liable for the mora interest and will be charged on overdue accounts.
- 6) I **acknowledge that the account is payable upon presentation/discharge.**
- 7) I undertake to pay a deposit prior to hospitalisation and accept that such a deposit is an absolute pre-condition for hospitalisation. I will settle any outstanding balance upon presentation.
- 8) I acknowledge that I am indebted to the above practice for veterinary treatment, services rendered and expenses incurred. I hereby agree to pay and accept liability for all costs, disbursements and expenses.
- 9) Should any amount be handed over for collection in terms of this agreement, I irrevocably agree to pay all costs on an attorney and own client scale, disbursements and collection commission (including all costs and collection commission of any correspondent attorney employed by the Attorneys in connection therewith). In addition I consent to credit inspection and listing.
- 10) I hereby choose the residential address referred to below as my *domicili citandi et executandi*.
- 11) I irrevocably consent to the jurisdiction of the Pretoria Magistrate Court, and that said action arose within the jurisdiction of these courts.
- 12) I acknowledge that I have read and understand these conditions and hold myself bound thereto.

PRELIMINARY DIAGNOSIS AND TREATMENT:

ESTIMATE QUOTATION: _____ DEPOSIT: _____
(Cost may vary substantially due to unforeseen circumstances)

NAME OF PET: _____

BREED: _____ GENDER: _____

OWNER/ PERSON RESPONSIBLE FOR THE ACCOUNT:

NAME: _____ ID NO. _____

TEL. (H) _____ CELL _____ TEL. (W) _____

E-MAIL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____

SIGNED: _____ DATE: _____ WITNESS: _____

I acknowledge that I am authorized to enter into this agreement.