BAKENKOP ANIMAL CLINIC INC.

New Client Form 2018

Person responsible for account	
Title: ☐Mr ☐Mrs ☐Miss ☐Dr ☐Prof ☐Other	
Full Name:	
Surname:	
ID number:	
Relationship to legal owner:	
Contact details Cell phone:	Spouse cell phone:
Work:	House:
Email address:	
Residential Address:	
Employer:	

Legal Owner	
Title: ☐Mr ☐Mrs ☐Miss ☐Dr ☐Prof ☐Other	
Full Name:	
Surname:	
ID number:	
Contact details Cell phone:	Spouse cell phone:
Work:	House:
Email address:	
Residential Address:	
Employer:	

Referred by: Circle where applicable
Friends (We would like to thank them)
Yellow pages/ Internet/ Website/ Other

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Details of Pet	
Name:	**Birth date:**
Species:	**Breed:**
Colour:	**Registered: Yes / No**
Gender: Male / Female	**Neutered: Yes / No**
Vaccination History: (Date of last vaccination)	
Previous vaccine reaction:	
Medical Conditions:	
Medical Records (Name of hospital)	

Details of Pet	
Name:	**Birth date:**
Species:	**Breed:**
Colour:	**Registered: Yes / No**
Gender: Male / Female	**Neutered: Yes / No**
Vaccination History: (Date of last vaccination)	
Previous vaccine reaction:	
Medical Conditions:	
Medical Records (Name of hospital)	

PLEASE READ AND SIGN:

1) I hereby certify that I am the legal owner of all 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 I am aware that the staff at this facility will be unable to accept instructions for treatment from anyone younger than 21 years of age. (18 years in case of independence)

3) When leaving my pets in the care of others 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 to pay deposits and other payments on my behalf.

4. Should I fail to make 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.

5) I accept full responsibility for any outstanding account. I hereby give permission to be listed on the Credit Bureau, should I fail to do so and undertake to pay all attorneys, own client, recovery fees and interest at prime rate, as indicated from time to time by ABSA bank.

Signature: _____ **Date:** _____

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Please indicate the concerns regarding your pet			
Lethargic:	No	Yes	
Appetite:	Normal	Abnormal	Describe:
Water intake:	Normal	Excessive	
Weight:	Normal	Less	More
Vomiting:	No	Yes	Describe:
Stool:	Normal	Abnormal	Describe:
Urine:	Normal	Abnormal	Describe:
Sneezing:	No	Yes (Seasonal or non Seasonal?)	Describe:
Coughing:	No	Yes	Describe:
Bad Breath:	No	Yes	Describe:
Difficulty Swallowing:	No	Yes	Describe:
Hair Loss:	No	Yes	Describe:
Scratching:	No	Yes	Describe:
Shaking head/ Scratching ears:	No	Yes	Describe:
Lumps/Bumps	No	Yes	Where:
Lameness:	No	Yes	☐ Right Front ☐ Left Front ☐ Right Hind ☐ Left Hind ☐ Unsure
Stiffness/Difficulty Rising:	No	Yes	
Please describe any other health concerns you have at this time:			

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Pet's Diet (Food Brand)	Wet: Dry: Do you feed your dog bones?
Did your pet have any recent surgery/anaesthesia?	
Which medications have your pet been given in the last 30 days? (Any chronic medical conditions?)	
Does your pet currently take any supplements? Please provide the product names.	
Is your pet allergic to any drugs/medications? (If yes, name the medication your pet is allergic to)	☐ Yes ☐ No
Any history of seizures? (If yes, how frequently does it happen?)	☐ Yes ☐ No
Do you need any of the following:	☐ Medication refills: _____ ☐ Food:_____ ☐ Vaccination:_____ ☐ Deworming:_____ ☐ Tick and Flea control:_____ ☐ Dental Care:_____
Does your pet have medical insurance? (If yes, who is the company?)	

I hereby give consent and agree to treatment of my pets at Bakenkop Animal Clinic Inc.

_____ _____

Signature: **Date:**