



**New Client Form 2020**

Person responsible for account	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> 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: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> 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

**Details of Pet**

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

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**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.
- 6) 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.
- 7) I recognise that there is some degree of risk attached to any medical or surgical procedure or treatment. I accept and agree to this. I will discuss 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.
- 8) In the event of any grievance or dispute with this veterinary facility or its veterinarians, I undertake to enter into and complete the Veterinary Defence Association's (VDA) free Alternate Dispute Resolution process, before resorting to any other action or remedy.
- 9) I undertake to keep in daily contact to enable staff to inform me of the progress, costs incurred and additional treatment involved, if my animal needs to be hospitalized.
- 10) I confirm that I am aware of the extent and approximate costs involved; I agree that the account and payment of the account is subject to the Prescribed Rate of Interest Act and that I remain liable for the mora interest that will be charged on overdue accounts.
- 11) I undertake to pay a deposit prior to hospitalisation and accept that such a deposit is an absolute pre-condition for hospitalisation.
- 12) I **acknowledge that the account is payable upon presentation/discharge.**

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