

CLIENT NUMBER: _____



Client Information

Title: _____ Surname: _____

First Names: _____

ID number: _____

Email address: _____

Postal address: _____

Physical address: _____

Telephone numbers:

Home: _____ Work: _____

Cell: _____ Spouse: _____

Fax: _____

Contact person: (other than above) _____

Contact telephone for Reference: _____

Your employer: _____

bathing



online shop



acupuncture



Patient Information

1. Name: _____ Breed: _____

Male Female Colour: _____

Date of birth: _____ Last vaccination: _____

Sterilised: Yes No Weight: _____

Microchipped:

physical rehab



2. Name: _____ Breed: _____

Male Female Colour: _____

Date of birth: _____ Last vaccination: _____

Sterilised: Yes No Weight: _____

Microchipped: Pet's Diet: _____

puppy classes



Signature: _____

Please note that interest of 1.5% and/or administration fees will be charged on overdue accounts.

No pet food or products will be sold on account.

SOUTHERN CROSS VETERINARY CLINIC - CLIENT REGISTRATION AGREEMENT

GENERAL

1. I hereby certify that I am the legal 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. I undertake to ensure that an adult person presents all pets for treatment, and am aware that the staff at this facility will be unable to accept instructions for treatment from anyone under, 21 years 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 with respect to my pet's well being.
 - 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 authorize the facility to, euthanase any of my animals if they are adjudged to be suffering from a terminal or irreversible condition.
5. If I am not contactable telephonically prior to such an event, I will abide by the decision of the professional staff at this facility and indemnify them against any court action in this regard.

PAYMENTS

6. I acknowledge that all accounts are payable in full upon presentation.
7. I am aware that payment is due on presentation of invoice at this facility, and undertake to make payment by cheques, cash, credit card or debit card/ ATM card or electronic transfer only
8. I undertake to pay at least a deposit equal to one half of the pre-estimated account prior to discharge, and accept that such deposit is an absolute pre-condition. I will settle any outstanding balance by way of three post-dated cheques.
9. 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.
10. I hereby render myself responsible for all costs, including interest at a rate of 1.5% per month and an administration fee as determined from time to time by the facility, incurred in the recovery of the outstanding amount from time of presentation of the account.
11. In the event that an account is handed over to your Attorneys or other agent for collection, I irrevocably agree to pay for all costs on an Attorney 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 1.5% per month.

Signed at _____ **this** _____ **day of** _____ **20**__

Witness

Full names: _____

ID Number: _____

SAVA surcharge applicable on after hours consultations