

CLIENT REGISTRATION and AGREEMENT TO CONDITIONS

Surname:											Title:			
Name(s):														
ID number:														
Physical address:														
Postal address:														
Email address:														
Cell phone number:												Can we contact you via email?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alternate telephone														
Employer & address:														

ANIMAL'S DETAILS: PET # 1

Pet name:												
Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other:	Breed:								
Age / Date of birth:				Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutered/ Spayed					

ANIMAL'S DETAILS: PET # 2

Pet name:												
Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other:	Breed:								
Age / Date of birth:				Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutered/ Spayed					

PLEASE READ THE CONDITIONS AND SIGN ON THE BACK



CHASE VALLEY VETERINARY CLINIC (PTY) LTD

Company reg nr: 2015/066699/07

110 Chase Valley Road
Pietermaritzburg

PO Box 13195
Cascades, 3202

033 342 2982
084 352 2982

info@chasevalley.vet
chasevalley.vet

AGREEMENT TO CONDITIONS

1. I hereby certify that I am the **legal owner** of all the pets that are listed under my file at this facility and that I am liable for all expenses incurred on their behalf of this facility.
2. I acknowledge that all accounts are payable upon presentation unless other arrangement has been made.
3. I undertake to enquire about the extent and approximate costs of a proposed treatment, failing which I unconditionally accept that I am liable for the costs thereof.
4. I undertake to pay a deposit equal to a pre-estimated account prior to hospitalization and accept that such deposit is an absolute pre-condition for hospitalization. I will settle my outstanding balance upon presentation.
5. 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 for anyone under 18 years of age.
6. When leaving my pets in care of others (holiday, overseas, hospital etc) I will make provision for a responsible person to act on my behalf.
 - 6.1 Giving them express consent to contact this facility on my behalf regarding treatments, finances, decisions regarding euthanasia etc.
 - 6.2 Enabling them to pay deposits and make 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 of this facility, and declare myself unconditionally responsible for the payment of all professional fees regarding such treatment.

7. I hereby unconditionally indemnify this facility and staff of this facility against any claim of whatsoever nature arising from negligence in any form whatsoever.
8. I hereby render myself responsible for all costs, including interest at a rate of 2% per month, for all telephone calls and time spent by the staff of this facility incurred in the recovery of the outstanding amount from time of presentation of the account.
9. In the event that an account is handed over to your Attorneys or other agent for collection, I irrevocably agree to being traced, having my information shared with credit bureaus, pay for all costs on an Attorney and Client scale, Legal Council on their agreed scale, collection commission, (including the costs and collection commission of any correspondent Attorney employed by your Attorneys or agent in connection herewith) and interest thereon at the rate of 2% per month.
10. I irrevocably consent to an Emoluments Attachment (Garnishee) Order being issued against my current or future employers and do further undertake to pay any commission that my employers are entitled to deduct.
11. I irrevocably consent to the jurisdiction of the Local Magistrate's or the Districts Court or Small Claims Court, and that all performance takes place within the jurisdiction of these courts.

I acknowledge I have read these conditions and hold myself bound thereto.

Full names: _____

Signature: _____

Date: _____

Witness: _____

Date: _____



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