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 23 Connor Road,
 Pietermaritzburg 3201



ADDITIONAL PETS AND AGREEMENT TO TERMS & CONDITIONS

Owner/Person responsible for the Account

Surname:		Title:	
Full names:			
ID number:			

Pet information # 1:

Name:			Birth date:	
Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Other:	Breed:	
	<input type="checkbox"/> Cat	_____	Colour:	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccinated <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last vaccination:
Medical conditions we need to be aware of (Allergies, drug reactions, Heart conditions, diabetes, etc):				
Medical Records: (Name of facility where it can be obtained)				

Pet information # 2:

Name:			Birth date:	
Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Other:	Breed:	
	<input type="checkbox"/> Cat	_____	Colour:	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccinated <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last vaccination:
Medical conditions we need to be aware of (Allergies, drug reactions, Heart conditions, diabetes, etc):				
Medical Records: (Name of facility where it can be obtained)				

I agree that my details provided upon Client Registration form are still valid & applicable? Yes No
(If not, please complete a new Client Registration form)

I hereby certify that I am the **legal owner** of all pets that are listed under my file at Chase Valley Veterinary Clinic Inc. ("CVVC") from time to time, and that I am **liable for all expenses** incurred on their behalf at CVVC.
 All the terms and conditions as agreed upon Client Registration are still valid and effective.

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

Signature: _____ Date: _____
 Witness 1: _____ Place: Pietermaritzburg
 Witness 2: _____