



## CLIENT REGISTRATION AND AGREEMENT TO TERMS & CONDITIONS

### Owner/Person responsible for the Account

Surname:											Title:				
Full names:															
ID number:															
Physical address (Residential):															
Postal address:															
Email address:															
Cell phone number:	0														
Alternate contact nr:	0														

Would you like to receive our monthly newsletter via email?  Yes  No

Employer Details:	Name:														
	Address:														
	Tel number:	0													
Relative not living the same address	Name:														
	Relationship:														
	Tel number:	0													
How did you find out about us?	Word of mouth / Friends	Google Search/ Maps	Facebook	Our website	Other:										
Do you have pet medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, with?												

### Pet information # 1:

Name:					Birth date:		
Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Other:		Breed:			
	<input type="checkbox"/> Cat	_____		Colour:			
Gender	Neutered	Registered	Vaccinated	Date of last vaccination:			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
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)							

## Terms and conditions

### General

1. 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. This includes any additional pets that may be treated at CVVC subsequent to completing this form.
2. The terms and conditions of this form will be applicable if there are any subsequent / repeat procedures and any future procedures / treatment done on any other patient which you may not have listed on this form.
3. I hereby choose the Residential Address provided above as my *domicili citandi et executandi*.
4. I undertake to inform CVVC of any change of details within a reasonable time.
5. I hereby unconditionally indemnify CVVC and its staff against any claim of whatsoever nature arising from negligence in any form whatsoever.
6. I undertake to ensure that an adult person presents all pets for treatment, and I am aware that the staff at CVVC will be unable to accept instructions for treatment from anyone younger than 21 years of age.
7. When leaving my pets in the care of others (for example when on holiday, overseas, hospital etc.), I will make provision for a responsible adult person to act on my behalf.
  - 7.1. Giving them express consent to contract with CVVC on my behalf regarding treatments, finances, decisions regarding euthanasia etc.
  - 7.2. Enabling to pay deposits and other payments on my behalf.Should I fail to make arrangements, I hereby unconditionally undertake to abide by the decisions made in good faith in my absence by your staff, & declare myself unconditionally responsible for the payment of all professional fees for such treatment.

### Payment

8. I acknowledge that all accounts are payable upon presentation of invoice.
9. 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 hospitalisation*. I will settle my outstanding balance upon presentation.
10. 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.

### Additional costs, interest and procedures for non-payment for goods and services

11. I hereby render myself responsible for all costs, 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.
12. Interest will be charged in accordance with the National Credit Act (NCA) under incidental debt up to 2% per month on accounts that have not been settled. I understand that payments on outstanding accounts shall be allocation in the following way: interest, costs then capital.
13. 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 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 per clause 11.
14. 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.
15. I irrevocably consent to the jurisdiction of the Pietermaritzburg Magistrate's or District Court or Small Claims Court, and that all performance takes place within the jurisdiction of these courts.
16. I consent to and authorise you to contact, request and obtain information at any time and from any credit provider (or potential credit provider) or registered credit bureau in order to assess my credit behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness; and
17. I consent to and authorise you to provide information about my credit behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness to any registered credit bureau or to any credit provider (or potential credit provider) seeking a trade reference regarding my dealings with you.
18. I hereby confirm that in the even that I fail, neglect or refuse to pay any amount outstanding without valid cause, such cause having been advised to CVVC, you will be entitled to regard such information as non-confidential and to make such information, together with all other information provided by me to you whether in terms of this agreement of otherwise to any and all other registered veterinarians/veterinary practices and such disclosure shall not constitute publication of confidential information.

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

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

Witness 1: \_\_\_\_\_ Place: Pietermaritzburg

Witness 2: \_\_\_\_\_

A copy of this document can be emailed to you upon request. If you require a copy, please ask our friendly reception staff members.

Filed by: \_\_\_\_\_