

BLUE HILLS VETERINARY HOSPITAL

J & A Veterinary Services CC
(ck 9507264/23)



NEW CLIENT INFORMATION FORM

PERSON RESPONSIBLE FOR ACCOUNT:

MR MRS MISS DR OTHER

SURNAME: _____ FULL NAMES: _____

SPOUSE NAME AND SURNAME: _____

ID NUMBER:

CAR REGISTRATION NO.: _____

POSTAL ADDRESS: _____ PHYSICAL ADDRESS: _____

CODE _____ CODE: _____

TELEPHONE: (H) _____ (W) _____

(CELL) _____ (FAX) _____

SPOUSE (CELL) _____ (W) _____

E-MAIL ADDRESS: _____

I OWN RENT THE ABOVE PROPERTY (tick as appropriate)

I ADOPT THE FOLLOWING PHYSICAL REGISTERED ADDRESS:

EMPLOYER / BUSINESS NAME: _____

DURATION OF EMPLOYMENT : _____

NAME OF FAMILY MEMBER (NOT LIVING AT SAME ADDRESS): _____

RELATIONSHIP TO THE ABOVE: _____

TELEPHONE NO. OF THE ABOVE: (H) _____ (W) _____

PATIENT (PET) INFORMATION

NAME: _____ BREED: _____

COLOUR: _____ AGE: _____ GENDER: _____

SPAYED: NEUTERED: (Please tick the box where applicable)

NAME: _____ BREED: _____

COLOUR: _____ AGE: _____ GENDER: _____

SPAYED: NEUTERED: (Please tick the box where applicable)

Please turn over to add additional pets, to read the terms and conditions and to sign.

DR A.L. ROGERS, DR. T.J. HEPPELSTONE & ASSOCIATES
P O Box 4065, Halfway House, 1685
Tel: (011) 3182340/1 Fax: (086) 6038565
Emergencies: Small Animals 076 410 1780 Horses 082 573 9033

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NAME: _____ BREED: _____

COLOUR: _____ AGE: _____ GENDER: _____

SPAYED: NEUTERED:

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 (this includes any additional pets (not listed above) that may be treated by Blue Hills Veterinary Hospital subsequent to completing this form).
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 regarding treatments, finances, decisions regarding euthanasia etc
 - 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.

PAYMENTS

1. I acknowledge that all accounts are payable in full upon presentation of invoice
2. I undertake to pay a deposit equal to the pre-estimated account prior to hospitalisation, and accept that such deposit is an absolute pre-condition for hospitalisation. I will settle any outstanding balance upon presentation.
3. 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
4. I hereby render myself responsible for all costs, (charged as per the debt collectors act of 1998 No 114), 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.
5. Interest will be charged in accordance with the National Credit Act 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.
6. In the event that an account is handed over to your debt collection agent for collection, I irrevocably agree to pay for all costs, Legal Counsel on their agreed scale, collection commission, (including the costs and collection commission of any correspondent agent in connection therewith) and interest thereon at the rate of 2% per month.
7. I irrevocably consent to an Emoluments Attachment Order being issued against my current or future employers and do further undertake to pay any commission that my employers are entitled to deduct.
8. I irrevocably consent to the jurisdiction of the Johannesburg Magistrate's Court or small Claims Court, and that all performance took place within the jurisdiction of these courts.
9. I consent to sharing information on my account with other credit grantors and with the credit bureaux. Information shared with these companies is used only to make credit-granting decisions and to prevent fraud.
10. I hereby confirm that in the even that I fail, neglect or refuse to pay any amount outstanding to J & A veterinary Services CC T/A Blue Hills Veterinary Hospital without valid cause, such cause having been advised to J & A Veterinary Services CC T/A Blue Hills Veterinary Hospital, J & A Veterinary Services CC T/A Blue Hills Veterinary Hospital shall be entitled to regard such information as non confidential and to make such information, together with all other information provided by me to J & A Veterinary Services CC T/A Blue Hills Veterinary Hospital 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.
11. I undertake to inform the practice of any change of details.
12. 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.

SHOULD CREDIT HAVE BEEN EXTENDED TO YOU FOR ANY REASON WHATSOEVER, J & A VETERINARY SERVICES CC. RESERVES THE RIGHT TO LIST YOU WITH THE CREDIT BUREAU SHOULD YOU NOT COMPLY WITH THE ABOVE TERMS.

PLEASE NOTE: ADMITTANCE FEES MAY BE PAYABLE

By signing below I acknowledge that I have read all the above conditions and hold myself bound thereto.

Signed: _____

Witness: _____

Date: _____

Customer Number	
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