

Southern Cross Veterinary Clinic

8 Salisbury Avenue, Mill Park TEL: 041 3734243 FAX: 041 3734258 scvc@corpdial.co.za

PHYSICAL REHABILITATION/ACUPUNCTURE/LASER NEW CLIENT REGISTRATION FORM

ACCOUNT HOLDER'S INFORMATION

SURNAME: _____

TITLE: _____

FIRST NAMES: _____

ID NUMBER: _____

POSTAL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE NUMBERS: (HOME) _____ (WORK) _____
(CELL) _____ (FAX) _____
(SPOUSE) _____

E-MAIL: _____

CONTACT PERSON (Other than yourself): _____

CONTACT PERSON'S TELEPHONE NUMBER: _____

YOUR EMPLOYER: _____

PATIENT INFORMATION

NAME: _____

BREED: _____

COLOUR: _____

MALE: _____ NEUTERED: Yes / No

FEMALE: _____ SPAYED: Yes / No

DATE OF BIRTH: _____

LAST VACCINATION: _____

ADULT WEIGHT: _____

MICROCHIP/TATTOO: Yes / No NUMBER _____

DO YOU FEED A VETERINARY DIET? Yes / No OR A SUPERMARKET DIET? Yes / No

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

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

NO PET FOOD OR PET PRODUCTS WILL BE SOLD ON ACCOUNT.

SAVA SURCHARGE APPLICABLE ON AFTERHOURS CONSULTATIONS.

APPOINTMENT IS FOR:

- PHYSICAL REHABILITATION
- PAIN MANAGEMENT
- TUI-NA

- ACUPUNCTURE
- LASER

- VETERINARY CHIROPRACTIC
- STEM CELL THERAPY

REASON FOR APPOINTMENT: _____

HISTORY/MEDICAL CONDITIONS: _____

CURRENT TREATMENTS/MEDICATIONS (INCLUDING SUPPLEMENTS): _____

ANY OTHER INFORMATION: _____

DESCRIBE THE IDEAL RESPONSE TO TREATMENT YOU WOULD LIKE YOUR PET TO HAVE:

HOW DID YOU HEAR THAT WE OFFER PHYSICAL REHABILITATION/ACUPUNCTURE/PAIN MANAGEMENT/LASER/STEM CELL/TUI-NA AND VETERINARY CHIROPRACTIC?

WEBSITE FACEBOOK WORD OF MOUTH VET REFERRAL _____

NAME OF USUAL VET: _____

NAME OF USUAL VETERINARY PRACTICE: _____

I understand and accept that primary and routine medical and surgical care (e.g. vaccinations, dentals, supply of medications) remains the responsibility of my usual veterinarian, and recognise that regular reports will be provided to my usual veterinarian to facilitate the best treatment of my pet(s).

I understand that as part of the multimodal approach to pain management, "extra- or off-label" medications may be prescribed for my pet(s).

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

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 I 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 I declare myself unconditionally responsible for the payment of all professional fees for such treatment.
4. If Southern Cross Veterinary Clinic is unable to make contact with me, I hereby authorise 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.
6. I give permission to be contacted by email, SMS and WhatsApp.
7. I grant Southern Cross Veterinary Clinic the right to take photographs and recordings of me, my pet, my minor children and my property, and to copyright, use and publish the same in print and/or electronically without my name.
8. We value the privacy of your personal information. Please note only information required for accounting purposes and to contact you with regards to your pet(s) and for business related purposes are requested. Your information is processed in accordance with the requirements of the Protection of Personal Information Act, No of 2013. You are welcome to request a copy of our Privacy Policy form our Information Officer at scvc@corpdiol.co.za. We are obliged to keep all records as prescribed by the Rules Relating to the Practising of Veterinary Professions published in terms of the Veterinary and Para-Veterinary Professions Act, No.19 of 1982. Your information will not be shared with third parties unless we are required to do so in terms of valid statutory obligations.

PAYMENTS

9. I acknowledge that all accounts are payable in full upon presentation. I agree to settle the final bill in full upon request or discharge, whichever is earlier. I am aware that interest will be charged on overdue accounts from 30 days after presentation of the first account.
10. 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.
11. 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 the following month.
12. I acknowledge that a quote cannot be provided, and that I have been provided with an estimate for an average procedure, but the final cost may vary substantially and be significantly higher than discussed because of the particular factors that may be encountered as the procedure unfolds. 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.
13. I acknowledge that I am indebted to the above practice for veterinary treatment, services rendered and expenses incurred therewith and hereby render myself responsible for all costs, telephone calls and legal expenses, as between attorney and own client, including collection charges that may be incurred in the recovery of the outstanding amount.
14. 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.
15. 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_____

Signature: _____

Witness

Full names: _____

ID Number: _____