

Drs Bruggemann, Norton and Associates

Veterinary Surgeons

CLIENT INFORMATION FORM - POPI Compliant

Please complete in full

Surname: _____ Initials: _____

Title: _____ First Name: _____

Business Name: _____ VAT No: _____

Residential Address: _____

Postal Code: _____ Email: _____

ID No: _____

Tel No (H): _____ Cell No: _____

Employer: _____ Tel No (W): _____

Spouse's Name: _____ Tel No: _____

Alternative contact: _____ Tel No: _____

Next of kin: _____ Tel No: _____

Language preference: English/Afrikaans

Pet Insurance Name: _____ Number: _____

Name	Breed	Colour	Sex M / F	Sterilised Y / N	Date of Birth / Age

Please turn over to read and agree to Client Registration Agreement

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 any of the South Coast Vets facilities from time to time, and that I am liable for all expenses incurred on their behalf at these facilities.
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 18 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 practice 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 practice, and declare myself unconditionally responsible for the payment of all professional fees for such treatment.
4. I hereby unconditionally indemnify this practice and its staff against any claim of whatsoever nature arising from negligence in any form whatsoever.

PAYMENTS

1. I acknowledge that all accounts are payable in full upon presentation.
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 enquire 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, 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.
5. In the event that an account is handed over to our 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 at the rate of 2% per month. **Disclaimer: Drs. Bruggemann, Norton and Associates will not sell, trade, barter or distribute the information to any third party, except in case of non-payment.**
6. I irrevocably consent to the jurisdiction of the local Magistrate's or District Court or Small Claims Court, and that all performance takes place within the jurisdiction of these courts.

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

I hereby choose the Residential Address noted on the opposite page as my *domicili citandi et executandi*

Signed at _____ this _____ day of _____ 20__.

Full names

Form of Identification [make copy and attach]

Signature

Witness