

New Client form

Avimark Profile Nr:

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☐
**CONSENT, ACKNOWLEDGEMENT, AND INDEMNITY FORM**

Person Responsible for Account		Partner / Spouse Details
Name & Surname:		
Cell Phone:		
Email address:		
Residential address:		
ID Number:		
Date:		

Legal Owner (If different form person responsible for account)		Partner / Spouse Details
Name & Surname:		
Cell Phone:		
Email address:		
Residential address:		
ID Number:		
Date:		

Do hereby: acknowledge that I have read, understood and consent to the terms as set out in clause 1;  
 acknowledge the terms as more fully set out in clause 2 and irrevocably indemnify and hold harmless the clinic as  
 more fully set out in clause 3

(Hereinafter referred to as “the patient”)

Details of Pet 1			
Name:		Breed:	
Colour:		Age:	
Sex:		Neutered/Spayed:	
Vaccinations Up to Date:		Previous Vaccination reaction	
Medical Condition:(If known)		Allergies:	
Is pet aggressive ?	Other Pets: Yes / No                      Humans: Yes / No		
Signature:			

Details of Pet 2			
Name:		Breed:	
Colour:		Age:	
Sex:		Neutered/Spayed:	
Vaccinations Up to Date:		Previous Vaccination reaction	
Medical Condition:(If known)		Allergies:	
Is pet aggressive ?	Other Pets: Yes / No                      Humans: Yes / No		
Signature:			

The signatory above acknowledges that the cost of treatment is only an estimate and that the cost of treatment may vary due to complications in the treatment or due to reasons more fully set out *infra*.  
 The Signatory will be liable for the full amount as indicated on the final billing statement.

**CLAUSE 1: CONSENT**

- ✓ I confirm that I am at least 18 years of age
- ✓ I confirm that the veterinarian has explained the relevant treatment options and their associated risks, as well as the prognosis and the risks of not having the proposed procedure / surgery / course of treatment done
- ✓ I further confirm that I was able to ask questions and raise concerns with the veterinarian about the patient's (animal's) condition, the proposed procedure / surgery / course of treatment and the risk and likely outcomes thereof and that my questions and concerns have been discussed and answered to my satisfaction
- ✓ I understand and accept that no guarantees have been given regarding the outcome of the procedure, surgery, or course of treatment
- ✓ I confirm that euthanasia of the patient (animal), if appropriate, has been discussed and that having considered euthanasia, I decline this option in favour of the treatment proposed by the veterinarian
- ✓ I irrevocably consent to the procedure and treatment of the patient (animal) by the veterinarian and hospital staff of the clinic which includes, but is not limited to, surgery, fluid therapy, anaesthesia, further and alternative measures which may be deemed necessary by them during the course of the procedure / surgery / course of treatment of the patient (animal)
- ✓ In the event that I am not contactable, for any reason, I further consent to the veterinarian using his/her discretion in giving any treatment that he/she deem necessary in order to protect the safety and health of the patient (animal), or to prevent any further suffering
- ✓ On the basis of the above statements, I request that the above procedure / surgery / course of treatment be performed on the patient (animal), as listed above

**CLAUSE 2: ACKNOWLEDGEMENT**

1. I understand and accept that there are risks and probabilities of complications in any surgical or medical treatment involved in the treatment of the patient (animal) and that such risks have been explained to me and furthermore indemnify the veterinarian, staff, and hospital from any claim for damages of any nature which may arise out of this procedure and Treatment
2. I acknowledge and confirm that the aspect of costs relating to the treatment has been discussed with me and I confirm that I will be liable for any and all charges incurred in the treatment of the patient (animal)
3. I acknowledge, confirm, and warrant that I am the owner of the patient (animal) brought in for treatment, alternatively that I am authorised by the owner to act as an agent on his/her behalf to admit the patient (animal) for treatment and to provide any instructions related to such treatment
4. I acknowledge and confirm that my chosen *domicillium citandi et executandi* in receiving any notices in terms of this agreement shall be as is reflected on the face of this agreement
5. I acknowledge that I have disclosed all information/details regarding the patient's (animal) health prior to the admission of the patient (animal) into the clinic
6. I acknowledge that the clinic is bound by the Animal Protection Act No 71 of 1962 (hereinafter "the Act") and therefore has the obligation to disclose any offence in terms of Section 2 of the Act to the relevant authorities
7. I acknowledge that in the event that I do not collect the animal within the specified time arranged, the clinic will after 10 days of the specified time arranged, transfer the patient (animal) to a shelter and I will be charged for extra boarding costs for the patient (animal). I will contact the staff of the clinic daily so that I can be kept up to date with the hospitalised patient (animal's) progress as well as the status of the costs incurred to date
8. I accept full financial responsibility for all costs incurred during the hospitalisation and treatment of the patient (animal) and that all these costs are payable upon collection of the patient (animal). I also accept that I will be held liable for all legal costs on an Attorney/Client basis, including tracing fees, collection commission and costs should the amount due not be settled as per the terms and conditions
9. I acknowledge that the account is payable upon presentation/discharge and that the account is subjected to the National Credit Act

**CLAUSE 3: INDEMNITY**

- ✓ The clinic and any of the representatives will use all reasonable precaution and act according to their professional training doing what any reasonable vet/person will do to prevent injury, escape or demise of the patient (animal), but will not be held liable in any manner whatsoever or under any circumstances on account of the care, treatments, and safekeeping of the patient (animal) as described above or otherwise as I understand that I assume all risks
- ✓ I hereby indemnify the clinic against all and any actions, suits proceedings, claims, demands, costs and expenses of whatsoever nature which may be taken or made against the clinic or be incurred or become payable by the clinic arising out of treatment of the patient (animal), except in the event of gross negligence and or intentional acts

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

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

Place: \_\_\_\_\_

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

Bakenkop Animal Clinic

Initial: \_\_\_\_\_