



BECAUSE YOUR PET'S HEALTH MATTERS.

- On Comp
- Scan ID
- Scan Form
- Report

829 Old Farm Rd, Faerie Glen, Pta • PO Box 38600, Faerie Glen, Pta, 0043
 Tel: (012) 991 3573 All Hours • Fax: (012) 991 4922
 Vat No: 4160184471 • CK 1999/26092/23

24/7 Emergency and Specialist Referral Practice

Referral Services:

Please note: This service is provided only as an support service for your Veterinarian.
 A report will be sent to your Veterinarian.
 Details to be completed in accordance with The National Credit Act 34 of 2005

Name of Referring Vet: **Practice:**

Particulars of patient:

Name: Age: Gender: Breed:
 Name: Age: Gender: Breed:

Person responsible for account:

Surname.....	Full Names.....
I.D. No.
Home address	Postal address.....
.....
Employer.....	Tel (H)..... Cell.....
Work address.....	Tel (W)..... X ext.....
.....	Email address:

Details of Relative / Friend

Surname..... Name.....
 Address Tel.....Cell.....

AGREEMENT BY CLIENT / OOREENKOMS DEUR KLIENT

I understand that payment of services rendered remains my responsibility.
 I agree that should my account be handed over for collection, I shall be liable for all attorney and own client fees, collection charges and all disbursements. I agree that the account and payment of account is subject to the Prescribed Rate of Interest Act and that I remain liable for mora interest on accounts that have not been settled within 60 days. I agree to inspection of and negative listing of my credit information should my account remain outstanding. I choose the above address as my domicilium. I authorize the veterinarian to treat and diagnose and except that he/she would act and treat my animal to the best of their professional abilities and judgement.

Ek verstaan dat die verantwoordelikheid vir betaling van dienste ontvang steeds op my rus. Ek onderneem om, indien my rekening oorhandig word vir invordering, alle prokureur en eie kliënt fooie, invorderings kostes en uitgawes te vereffen. Ek verstaan dat my rekening onderhewig is aan die Wet op Voorgeskrewe Rentekoerse en dat ek aanspreeklik is vir mora rente op al my rekeninge welke nie binne 60 dae vereffen is nie. Ek stem toe tot navraag op en negatiewe lysing van my krediet inligting sou die rekening uitstaande bly. Ek kies bogemelde adres as my domicilium. Ek magtig die veearts om my dier te behandel en te diagnoseer.
 Verdermeer verstaan ek dat die arts te alle tye na die beste van sy professionele kennis sal behandel en diagnoseer.
 Verder verklaar ek dat die bogenoemde inligting waar en korrek is • Further do I hereby declare that the above information is true and correct

.....
<i>Printed name of Signee</i>	<i>Signature</i> <i>Date</i>

**50% Deposit of treatment plan estimate to be paid on admittance of patient.
 Balance payable immediately on discharge
 PLEASE BRING A COPY OF YOUR ID OR DRIVERS LICSENCE**