

ARAN VETERINARY CLINIC

PO BOX 20232 PROTEA PARK 0305 213 BEYERS NAUDE STREET RUSTENBURG 0299
TEL 014 5926007 EMERGENCY 0834107962
VAT NO: 4040153191

FOR DRUG CONTROL AND SECURITY REASONS KINDLY SUPPLY THE FOLLOWING PERSONAL INFORMATION

SURNAME: _____ I.D.NO: _____

INITIALS: _____ TITLE: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

E MAIL ADDRESS: _____

HOME TEL NO: _____ CELL NO: _____ HOW LONG: _____ YEARS

EMPLOYMENT – SELF:

EMPLOYER: _____ HOW LONG: _____ YEARS

ADDRESS: _____

OCCUPATION: _____ DEPARTMENT: _____

TELEPHONE NO: _____ EXTENTION: _____

EMPLOYMENT – SPOUSE

EMPLOYER: _____ HOW LONG: _____ YEARS

ADDRESS: _____

OCCUPATION: _____ DEPARTMENT: _____

TELEPHONE NO: _____ EXTENTION: _____

NEXT OF KIN

NAME: _____ TEL NO: _____

ADDRESS: _____

I, the undersigned owner/custodian/person responsible for the account of the animal named hereunder, do declare and undertake to indemnify the ARAN VETERINARY CLINIC or any of its representatives or employees against complaints of claims deriving from loss, disease or injury to my animal arising out of death, escape, theft, arson, injury during handling, defective immunity, allergies of hypersensitivities, or any other natural or unnatural causes whatsoever.

If the animal is left for more than 7 days without permission from Aran Veterinary Clinic or special request from the owner, after you have been informed to collect your pet the animal will be considered as abandoned and will become the property of the Aran Veterinary Clinic, who will take action as seen fit and proper. Copies of digital x-rays can be supplied if the owner provides a CD.

I give full authorization to the attending veterinarian to carry out any treatment, operation, anaesthetic, x-rays or any other procedure which at his/her discretion are in the best interest of the animal. I acknowledge that quotes given are approximate fees only and I undertake to enquire daily about the status of my animal and current outstanding balance on my account.

I further undertake to pay the total amount owing upon discharge or death of the animal in question, unless other specific arrangements have been made with the veterinarian. Should I default in this undertaking I shall be liable for all legal fees incurred by the ARAN VETERINARY CLINIC in the collection of the amount owed by the including attorney and client costs, collection commission, telephone, postage and administration fees.

SIGNATURE: _____ STAFF WITNESS: _____

DATE: _____

PLEASE NOTE: PAYMENTS MUST BE MADE AFTER EACH CONSULTATION