



High quality health care for family pets

PERSOON VERANTWOORDELIK VIR BETALING SE BESONDERHEDE/ PERSON RESPONSIBLE FOR PAYMENT'S DETAILS			
Van Surname		Titel Title	
Volle Name Full names		ID-nommer ID-number	
Posadres Postal Address		Woonadres Home Address	
Beroep Occupation		Werkgewer Employer	

VOLDOENDE EN AKKURATE TELEFOON NR'S WORD VERLANG / PLEASE INSURE THAT CORRECT TELEPHONE NUMBERS ARE GIVEN			
Huis Tel Home Tel		Selfoon no. Cellphone nr	
Werk Tel Work Tel		Faks no. Fax nr.	
E-pos adres Email address			

U EGGENOOT SE BESONDERHEDE / YOUR SPOUSES DETAILS			
Volle Name Full names		ID-nommer ID-number	
Beroep Occupation		Werkgewer Employer	
Selfoon no. Cellphone nr		Werk Tel Work Tel	

NAASTE FAMILIELID OF VRIEND BESONDERHEDE / CLOSE RELATIVE OR FRIEND DETAILS			
Volle naam en Van Full name and Surname		Verwantskap Relationship	
Selfoon no. Cellphone nr		Telefoon no. Telephone nr.	

PASIENT BESONDERHEDE / PATIENT DETAILS						
Naam Name			HOND / DOG	AVIAN	Ouderdom Age	
			KAT / CAT	OTHER		
Geslag Gender	MALE	CASTRATED	RAS BREED		Kleur Colour	
	FEMALE	STERILISED				
Naam Name			HOND / DOG	AVIAN	Ouderdom Age	
			KAT / CAT	OTHER		
Geslag Gender	MALE	CASTRATED	RAS BREED		Kleur Colour	
	FEMALE	STERILISED				
Naam Name			HOND / DOG	AVIAN	Ouderdom Age	
			KAT / CAT	OTHER		
Geslag Gender	MALE	CASTRATED	RAS BREED		Kleur Colour	
	FEMALE	STERILISED				

BLAAI OM / TRUN THE PAGE

OOREENKOMS / AGREEMENT

1. U aandag word daarop gevestig dat alle dienste onmiddelik betaalbaar is. M.a.w, **geen rekeninge word toegestaan nie**. Verder word **geen tjeks asook geen internet betalings aanvaar nie**, slegs kontant, debiet of kredietkaart.
 2. Die kleint word daarop versoek om op 'n koste beraming aan te dring, en 'n **60% deposito sal betaalbaar wees alvorens behandeling begin**.
 3. Alle fooie is onmiddelik na dienslewering betaalbaar. Fooie wat nie binne 30 dae betaal is nie sal rente dra en 'n koers van 28% p.j alternatiewelik die maksimum toelaatbare rentekoers soos van tyd tot tyd afgekondig, vanaf datum van dienslewering tot datum van betaling. In die geval waar dit sou nodig wees om regsstappe in te stel vir die invordering van enige uistaande bedrag, stem die persoon wie die ooreenkoms onderteken het, toe tot die juridiksie van die Landdroshof, Pretoria, en sal ook verantwoordelik wees vir enige regskostes wat aangegaan word.
 4. In die geval waar iemand 'n pasiënt inbring namens iemand anders, **bly die persoon wie die ooreenkoms onderteken, aanspreeklik vir betaling van die fooie**. Indien die persoon minderjarig is, bly dit sy/haar verantwoordelikeid om 'n skriftelike toestemming brief vanaf die eienaar te kry.
 5. *Ek verstaan en aanvaar dat VETLAND ANIMAL HOSPITAL nie die sukse van die voorgetselde behandeling kan waarborg nie, en dus vrywaar ek VETLAND ANIMAL HOSPITAL van die uitkoms van die behandeling.*
 6. Hiermee bevestig ek dat ek die bogenoemde ooreenkoms deur gelees het, dat ek verstaan en as sulks aanvaar.
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1. Please be advised that all services have to be paid immediately after treatment, i.e. **no accounts will be issued**. Furthermore, we **do not accept cheques nor internet banking**, only cash, debit or credit card.
 2. The client is encouraged to insist on a cost estimate, and will be expected to **pay 60% deposit before treatment commences**.
 3. Outstanding amounts are payable immediately after treatment. Amounts not settled within 30 days from date of rendering of services shall bear interest at a rate of 28% p.a. alternatively at the maximum permissible rate promulgated from the to time. Should it be necessary to institute action for the recovery of any outstanding amount, the person who signed this agreement, consents to the jurisdiction of the Magistrate's Court, Pretoria, and will also be responsible for any legal costs.
 4. In the case of a patient being presented on behalf of the owner, **the person signing this agreement remains personally liable for the payment**. Should this person be a minor it remains his/ her responsibility to provide a signed consent form from the owner.
 5. *I do understand and accept that VETLAND ANIMAL HOSPITAL cannot guarantee the outcome of the proposed therapy and thus indemnify VETLAND ANIMAL HOSPITAL of the outcome thereof.*
 6. Hereby I acknowledge that I have read the above agreement, that I fully understand the contents there of and that I accept it.

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HANDTEKENING / SIGNATURE

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DATUM / DATE