



WELGEMOED ANIMAL CLINIC(PTY)Ltd



INFORMED CONSENT TO TREATMENT

- 1) I, THE UNDERSIGNED, HEREBY AUTHORISE THE VETERINARIANS AND STAFF OF THIS PRACTICE TO PERFORM ANY REASONABLE TREATMENT/ANAESTHETIC AND SURGERY THEY MAY DEEM NECESSARY, INCLUDING FURTHER OR ALTERNATIVE MEASURES AS MAY BE NECESSARY, DURING THE COURSE OF THE SURGERY AND/OR TREATMENT OF MY PET.
- 2) **I AM FULLY AWARE OF THE REASONABLE RISKS INVOLVED WITH THIS PROCEDURE AND TREATMENT AND INDEMNIFY THE VETERINARIANS, STAFF, AND CLINIC AGAINST ANY CLAIM FOR DAMAGES OF WHATSOEVER NATURE ARISING OUT OF THE PROCEDURE AND TREATMENT.**
- 3) **I AM AWARE THAT THIS PRACTICE DOES NOT PROVIDE 24-HOUR PER DAY MONITORING OF PATIENTS. THE PRACTICE ALSO DOES NOT PROVIDE AFTER HOURS SERVICES.**
- 4) I UNDERTAKE TO KEEP IN DAILY CONTACT TO ENABLE THE STAFF TO INFORM ME OF THE PROGRESS, COSTS INCURRED, AND ADDITIONAL TREATMENT INVOLVED, OF MY HOSPITALISED ANIMAL.
- 5) I ACKNOWLEDGE THIS IS A **CASH** PRACTICE AND THAT YOUR **ACCOUNT IS PAYABLE UPON PRESENTATION. Services and sales will cease if account not paid in 30 days or > R2000.**
- 6) I ACKNOWLEDGE THAT I AM INDEBTED TO THE ABOVE PRACTICE FOR VETERINARY TREATMENT, SERVICES RENDERED AND EXPENSES INCURRED THEREWITH AND HEREBY RENDER MYSELF RESPONSIBLE FOR ALL COSTS, TELEPHONE CALLS AND LEGAL EXPENSES, AS BETWEEN ATTORNEY AND OWN CLIENT INCLUDING COLLECTION CHARGES THAT MAY BE INCURRED IN THE RECOVERY OF THE OUTSTANDING AMOUNT.
- 7) I AM AWARE THAT INTEREST AT A RATE OF 2,5% PER MONTH WILL BE CHARGED ON OVERDUE ACCOUNTS FROM 30 DAYS AFTER PRESENTATION OF THE FIRST ACCOUNT.
- 8) I AGREE THAT IN THE EVENT THAT THIS MATTER IS HANDED OVER TO OUR ATTORNEYS FOR COLLECTION I IRREVOCABLY AGREE TO PAY FOR ALL THE COSTS ON AN ATTORNEY AND CLIENT SCALE, COLLECTION COMMISSION, AND INTEREST THEREOF.
- 9) I HEREBY CHOOSE THE RESIDENTIAL ADDRESS REFERRED TO BELOW AS MY DOMICILIUM ET EXECUTANDI.
- 10) I IRREVOCABLY CONSENT TO AN EMOLUMENTS ATTACHMENT ORDER BEING ISSUED AGAINST MY CURRENT OR FUTURE EMPLOYERS AND DO FURTHER UNDERTAKE TO PAY ANY COMMISSION WHICH MY EMPLOYERS ARE ENTITLED TO DEDUCT.
- 11) I IRREVOCABLY CONSENT TO THE JURISDICTION OF THE MAGISTRATE'S COURT OR THE SMALL CLAIMS COURT HAVING JURISDICTION AT THIS ADDRESS, AND THAT ALL PERFORMANCE TOOK PLACE WITHIN THE JURISDICTION OF THIS COURT.
- 12) I ACKNOWLEDGE THAT I HAVE READ THESE CONDITIONS AND HOLD MYSELF BOUND THERETO.

NAME AND AGE OF PET/PETS _____

SEX _____ BREED _____
PRELIMINARY DIAGNOSIS/TREATMENT _____

FULL NAME OF OWNER/PERSON RESPONSIBLE FOR ACCOUNT (DELETE WHICHEVER IS NOT APPLICABLE) _____

ID NUMBER _____ VEHICLE REGISTRATION _____
TEL (H) _____ TEL (W) _____ CELL _____
NAME/ADDRESS/TEL NO EMPLOYER _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

E-MAIL _____
SIGNED _____ DATE _____

WITNESS _____