

CLIENT INFORMATION

CLIENT DETAILS:

Mr/Mrs/Miss/Dr Name : Surname:.....
 ID number:
 Residential address: Code:.....
 Postal address: Code:.....
 Home tel: Work tel: Cellphone:
 Alternative contact no.: Name:
 Email:

PATIENT DETAILS:

Name of Pet	Name of Pet
Species Canine Feline Other Age:	Species Canine Feline Age:
Colour 	Colour
Sex M F Weight kg	Sex M F Weight kg
Breed 	Breed
Name of Pet	Name of Pet
Species Canine Feline Other Age:	Species Canine Feline Age:
Colour 	Colour
Sex M F Weight kg	Sex M F Weight kg
Breed 	Breed

INFORMED CONSENT TO TREATMENT

1. I, the undersigned, an adult major, hereby authorise the veterinarians and staff of this veterinary facility to perform any reasonable treatments/anaesthesia 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 animal.
2. I am aware that this veterinary facility does not provide 24hour per day monitoring of patients.
3. 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.
4. I recognise that there is some degree of risk attached to any medical or surgical procedure or treatment. I have discussed any concerns I may have with the veterinarian. I hereby absolve the veterinarians, staff and this facility from all actions or liability, arising directly or indirectly from the proposed treatment/anaesthetic/surgery.
5. I acknowledge that I have read these conditions and hold myself bound thereto.
6. I am aware that **this practice works on a cash basis and full account settlement is expected after treatment or on discharge.**

SIGNED: **DATE:**.....