

New Client Registration Agreement

Welcome to Alphen Veterinary Hospital. We're delighted to be able to offer you service, and we endeavour to take the very best care possible of your pets. Your satisfaction with the care we provide is of paramount importance to us. We appreciate your support and feedback in forging this important relationship.

GENERAL

1. I hereby certify that I am the legal owner of all the pets that are listed under my file at this facility and that I am liable for all the expenses incurred on their behalf at this facility.
2. I undertake to ensure that an adult person presents all pets for treatment, and am aware that the staff at this facility will be unable to accept instructions for treatment from anyone under 18 years of age.
3. When leaving my pets in the care of others (holiday, overseas, hospital etc) I will make provision for a responsible adult person to act on my behalf. Should I or my authorised agent not be contactable for any reason I authorise the vet in charge to make decisions in the best interest of my pet, on my behalf.
4. Alphen Vet and any of its representatives will use all reasonable precaution and act according to their professional training doing what any reasonable vet/person will do to prevent injury, escape or demise of the animal, but will not be held liable in any manner whatsoever or under any circumstances on account of the care, treatments and safekeeping of the animal as described above or otherwise as I understand that I assume all risks.

PAYMENTS

5. I acknowledge that all accounts are payment in full upon presentation.
6. I undertake to pay a deposit equal to the pre-estimated account prior to hospitalisation if such is requested and I will settle any outstanding balance upon presentation.
7. I undertake to inquire as to the extent and approximate costs of a proposed treatment, failing which I unconditionally accept that I am liable for the costs thereof.
8. I hereby indemnify Alphen Vet against all and any actions, suits proceedings, claims, demands, costs and expenses of whatsoever nature which may be taken or made against the clinic or be incurred or become payable by the clinic arising out of treatment of the animal; except in the event of gross negligence and or intentional acts.
9. I acknowledge that I have read these conditions and hold myself bound thereto.
10. I hereby choose the following residential address referred as my domicili citandi et executandi:

Full Name:	Id Number:
Physical Address:	Postal Address:
Tel: Home:	Work:
Cell:	Email:
Signature:	Date:

New Pet Registration

Pet 1

Name	
Species (dog, cat or other)	
Breed	
Male / Female	
Spayed / Neutered	
Date of Birth	
Colour / Markings	
Microchip Number	
Pet Insurance (which one)	
Current diet of your pet	
Previous Vet (By providing this information you give us permission to contact them.)	
Relevant Medical History	Please inform the vet directly and brief summary below

Pet 2

Name	
Species (dog, cat or other)	
Breed	
Male / Female	
Spayed / Neutered	
Date of Birth	
Colour / Markings	
Microchip Number	
Pet Insurance (which one)	
Current diet of your pet	
Previous Vet (By providing this information you give us permission to contact them.)	
Relevant Medical History	Please inform the vet directly and brief summary below



Dr Hamish Currie – BVSc
Dr Rosemary Dallas – BVSc
Dr Trisantha Govender – BVSc
Dr Heidi Kuhn – BVSC

POPIA Compliance Statement

At Alphen Veterinary Hospital your privacy is of great importance to us. We only use data that has been provided voluntarily to us. We store and use your data in a secure manner, only for as long as necessary. We vigilantly maintain network and database security.

By providing Alphen Veterinary Hospital with your personal information, you hereby grant us authorisation to process and store your personal data for the purpose of providing veterinary care for your animals. This information is needed to be able to contact you by phone, e-mail, post or SMS with regard to your pet's treatment and invoice of costs. It may be necessary, from time to time, to provide access to this data to our software provider, Teleos Systems Limited, where support issues may arise. It may be furthermore necessary to from time to time provide information about your pets with your pet insurance company, referral centres and other veterinary practices with your prior consent.

POPIA Permission

I understand that my data will only be used for the specific purpose of sending the communications authorised below and for no other purpose without obtaining my specific consent for that purpose.

I understand that none of my personal data will be supplied to any other 3rd party processor without my specific consent. I understand that I am able to withdraw my consent at any time in writing.

I consent to receiving occasional communication via

Email – treatment reminders

Email – newsletter, information, promotions

SMS – treatment reminders

SMS – newsletter, information, promotions

OR I opt out of all non essential communication

Signed _____ Date _____