

Staff Member: \_\_\_\_\_



# Terrace Road Veterinary Hospital

## New Client Registration Form

Thank you for trusting us to look after your pet. Please help us meet your needs better by sharing some important information with us.

### Person Responsible For Account

Mr/Mrs/Ms/Dr Name and Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ Partner's Full Name: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternative Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

### Patient Information:

Name:	Breed:	Sex: M/F	Sterilized:	Colour:	Age:	Microchip

### Please Note:

**Under the current National Credit Act, we are NOT registered as a credit provider. With this stated it is ILLEGAL for us to give credit. We require a full settlement of all monies at every visit.**

No Cheques will be accepted, payment methods accepted are cash, credit or debit cards. For hospitalization/surgical procedures **a 50% deposit will be required before admission.** Pensioners discount only apply to professional fees, does not apply to any over the counter medication, consumables, front shop items or food **Please note pensioners discount only applies to those over 65 years of age.**

I have read and accept the above terms and conditions and declare that all information supplied on this document is true and correct.

I, \_\_\_\_\_ have read and fully understood all of the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_