

[practice letterhead]
CLIENT REGISTRATION AGREEMENT

GENERAL

1. I hereby certify that I am the legal owner of all the pets that are listed under my file at this facility from time to time, and that I am liable for all 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 yrs 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,
 - 3.1. Giving them express consent to contract with this facility on my behalf regarding treatments, finances, decisions regarding euthanasia, etc.
 - 3.2. Enabling them to pay deposits and other payments on my behalf.Should I fail to make such arrangements, I hereby unconditionally undertake to abide by the decisions made in good faith in my absence by the staff at this facility, and declare myself unconditionally responsible for the payment of all professional fees for such treatment.
4. I hereby unconditionally indemnify this facility and the staff of this facility against any claim of whatsoever nature arising from negligence in any form whatsoever.

PAYMENTS

5. I acknowledge that all accounts are payable in full upon presentation.
6. I undertake to pay a deposit equal to the pre-estimated account prior to hospitalisation, and *accept that such deposit is an absolute pre-condition for hospitalisation*. 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 render myself responsible for all costs, including interest at a rate of 2% per month, for all telephone calls and time spent by the staff of this facility incurred in the recovery of the outstanding amount from time of presentation of the account.
9. In the event that an account is handed over to your Attorneys or other agent for collection, I irrevocably agree to being traced, having my information shared with credit bureaus, pay for all costs on an Attorney and Client scale, Legal Counsel on their agreed scale, collection commission, (including the costs and collection commission of any correspondent Attorney employed by your Attorneys or agent in connection therewith) and interest thereon at the rate of 2% per month.
10. I irrevocably consent to an Emoluments Attachment (Garnishee) Order being issued against my current or future employers and do further undertake to pay any commission that my employers are entitled to deduct.
11. I irrevocably consent to the jurisdiction of the local Magistrate's or District Court or Small Claims Court, and that all performance takes place within the jurisdiction of these courts.
12. I acknowledge that I have read these conditions and hold myself bound thereto.
13. I hereby choose the following Residential Address referred as my *domicili citandi et executandi*:

Physical Address: _____

Postal Address: _____

Tel (H) _____ Tel (W) _____ Cell/Mobile: _____ Email: _____

Signed at _____ this _____ day of _____ 20 _____

Form of Identification [make copy and attach]

Full names

Signature

Witness