CAPE ANIMAL MEDICAL CENTRE

ALL HOURS/AFTER HOURS CLINIC

PATIENT ADMISSION FORM

FILE NUMBER_____

Dear Client,
Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Date_____ Time_____

CLIENT INFORMATION

Surname_____ Title_____
Forename(s)_____
ID/Passport No_____ Vehicle Reg No_____
Residential Address_____ Code_____
Postal Address _____ Code_____
Employer_____ Email_____
Tel Home_____ Tel Work_____
Cell 1_____ Cell 2_____

PATIENT INFORMATION

Pet's name_____ Date of birth or approximate age_____
Species ☐ Dog ☐ Cat ☐ Other _____ Breed_____
Sex ☐ Male ☐ Female Sterilised ☐ Yes ☐ No
When last was your pet vaccinated? _____ Is your pet insured?_____
Regular veterinary practice_____

To prevent the spread of parasites, all hospitalised animals must be free of internal and external parasites. I hereby authorise the staff to perform parasite control as needed for my pet.

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED, IRRESPECTIVE OF OUTCOME OF TREATMENT.
A DEPOSIT IS REQUIRED ON ALL HOSPITALISED PATIENTS.

I understand that every effort will be made to contact me or the above-mentioned person, if an emergency situation should arise. If the designated person or myself is unable to be contacted, I hereby authorise the CAMC After Hours Clinic to do whatever is necessary in the interest of my pet's health and well-being. I agree to indemnify and hold the hospital and staff harmless from and against any and all liability arising out of the performance of any emergency procedure, and I agree to be responsible financially for such procedure regardless of the outcome.

A COST ESTIMATE CAN BE PREPARED FOR YOU ON REQUEST. PLEASE DISCUSS THIS WITH THE VETERINARIAN OR THE VETERINARY NURSE. AN INITIAL COST ESTIMATE IS _____
Please note that this is an estimate only, as it is impossible to give an accurate estimate in any emergency or medical treatment. The estimate will be revised with you on a daily basis, if so required.

Preferred payment method: (ID required if paying via c/card) ☐ Cash ☐ Credit Card

SIGNED _____ DATE_____

VOORWAARDES VIR OPNAME:
WAARBORG VIR BETALING:

Enige persoon wat hierdie toelatings vorm teken hetsy as eienaar of wie verantwoordelikheidskap dra vir dier:

1. Stel hulself gesamentlik en afsonderlik aanspreeklik vir die lees van die informasie brosure, en die individuele betaling van die verskillende klinieke se rekening indien die pasient oorgeplaas word na 'n spesialiteits kliniek.

2. Stel hulself gesamentlik en afsonderlik aanspreeklik vir die betaling van die rekening ten opsigte van profesionele tyd, prosedures, medikasie en enige labratorium fooie van Pathcare en enige eksterne labratoriums wat nie in die bespreekte koste beraming ingesluit is nie.

3.Word geag hulself te vergewis het van al die terme en tariewe van hierdie kliniek en daarop te let dat:
3.1 Die tarief per dag slegs ten opsigte is van die huidige mediese toestand van die pasient.
3.2 die bedrag van die rekening teen lewering daarvan betaalbaar is; en
3.3 indien 'n rekening agterstalling is, sal die verskuldigde bedrag rente dra en 'n administrasie fooie van die datum van ontslag tot die datum van betaling teen die heersende prima uitleenkoers van die se hospitaal bankiers. "n Sertifikaat van enige bestuurder van die gemelde bankiers sal voldoende wees as prima facie bewys van die prima uitleenkoers wat van toepassing is.

4. Onderneem om, indien die rekening om enige rede onvereffen is en na prokureurs verwys word vir invordering, gesamentlik en afsonderlik aanspreeklik te wees vir die betaling van alle koste op 'n prokureur-en-eie-klient skaal, alle invorderingskommissie en alle opsoringsfooie. Alle uitstaande bedrae sal in die volgende volgorde ingevorder word: prokureursfooie, invorderingskommissie, opsporingskoste, rente en laastens kapitaal.

5. Kies domicillium citandi et executandi te bogenoemde adres.

VRYWARING:

Dit is 'n uitdruklike voorwaarde van toelating tot enige van die klinieke van die Cape Animal Medical Centre dat geen van die werknemers of personeel aanspreeklik sal wees vir die verlies of beskadiging van pasiente se persoonlike goedere nie, behalwe in gevalle waar sodanige goerdere vir veilige bewaring ingelewer is en waar 'n veilige bewarings ontvangsbewys uitgereik deur of namens die hospitaal, getoon kan word.

ALGEMEEN

Deur sy/haar handtekening hierop aan te bring bevestig die ondergetekende dat hy/sy dit vrywillig en sonder enige dwang onderteken en bevestig hy/sy voorts dat geen wanvoorstelling betreffende die inhoud hiervan gemaak is deur die hospitaal of enige van die werknemers van die hospitaal nie.

CONDITIONS FOR ADMISSION:
GUARANTEE OF PAYMENT:

Any person who signs this Form of Admission, whether as owner or as guarantor of the patient:

1. Renders themselves jointly and severally liable in respect of the information that is clarified in the information pamphlet, as well as for the payment of the different clinic's accounts in case a referral has taken place to one of the specialist clinics.

2. Render themselves jointly and severally liable for the payment of the account in respect of professional time procedures, medication and any fees from Pathcare or any other external laboratory fee, which will not be included in the discussed cost estimate.

3. Is/are expected to have acquainted him/her/themselves with all the terms and tariffs applicable upon admission to this clinic and to have noted that:
3.1. The daily tariff is only taking into consideration the current medical status of the patient, any emergency treatment will be additional.
3.2. the account is payable in full on rendering thereof, and
3.3. in the event of an account being in arrears, the amount owing draws interest and an administration from date of discharge to the date of payment at the prevalent prime lending rate of the bankers of the clinic. A certificate signed by any manager of the said bankers shall be conclusive proof with regard to the said prime lending rate.

4. Undertake(s), in the event of an account being not settled for any reason and being referred to attorneys for collection, to be jointly and seperatelly liable for the payment of all costs on an attorney and own client scale, all collection commission and all tracing costs. All outstanding amounts will be recovered in the following order: attorney's fees, collection commission tracing fees, interest and lastly capital.

5. Chooses domicilium citandi et executandi at the above mentioned Address.

INDEMNITY:

It is an explicit condition for admission to this clinic that the hospital and their employees will not be liable for the loss of or damage to personal effects of the patient, except where such effects were handed in for safe custody and a safe custody receipt, issued on behalf of the hospital, can be produced.

GENERAL:

By affixing his/her/ signature hereto the signatory confirms that he/she does so willingly and without any duress any nature and confirms furthermore that no misrepresentation with regard to the content hereof has been made by the hospital or any of its employees.

Patient's owner / Guarantor:

AUTHORISATION TO TREAT YOUR PET. PLEASE READ AND SIGN THE CONSENT FORM BELOW:

1. **I, the undersigned, an adult major, hereby authorise the CAMC After Hours Clinic Veterinarians and staff of this veterinary facility, as well as the Specialist Veterinarians of the associated clinics of the Cape Animal Medical Centre, to perform any reasonable treatment / anaesthesia and surgery they may deem necessary, including further or alternative measures as may be necessary during the course of surgery and / or treatment of my animal.**
2. **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.**
3. **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 veterinarian, staff and this facility from all actions, arising directly or indirectly from the treatment / anaesthetic / surgery, and I agree to be responsible financially for such procedure, regardless of the outcome.**
4. **I acknowledge that I have read these conditions and hold myself bound thereto.**

Naam in drukskrif / Please print name here:

Klient / Client

Veterinarian on duty

Klient handtekening / Client's signature

Nurse on duty