



KIMBERLEY VETERINARY CLINIC

Dr D. Smith
(BVSc)

Dr P.L. Swart
(BSc, BVSc)

Dr M. Pienaar
(BSc, BVSc)

Dr M.I. Hyslop
(BVSc)

Dr A.J. MacIntyre
(BVSc)

16 Dalham Road
Kimberley
8301
Tel: 053 832 5711
Fax: 053 832 4832
A/H: 082 889 0009
accounts@kimvet.co.za

Client Number:

Client Information Sheet

Title		Full Names	
Surname			
Street Address			
Postal Address			
Mobile Number		Home Number	
Spouse Number		Work Number	
ID Number			
Email Address			
Alternative Contact Person			
Alternative Contact's Number			

Pet Details:

(For multiple pets, please see back of sheet)

Name		Age/Date of Birth	
Breed		Description/Colour	
Male		Female	
		Sterilised	Y N

Accounts are due for settlement at the end of the consultation, the discharge of the pet or upon collection of medicines/drugs/goods. If your pet needs to be admitted (inpatient), you will need to pay 60% of the provided estimate prior to admission. In the event that your pet is admitted indefinitely, you may be contacted, during the course of treatment, to add to the deposit already paid, this must be done within 24 hours of receiving either written notice via SMS or telephonic communication. The remainder of the charges are due when your pet is discharged.

The client hereby consents to receive information about additional goods and/or services, such as laboratory results, patient information and special offers by (tick appropriate box(es)):

Email		Post		Text Message	
-------	--	------	--	--------------	--

I, the undersigned, guarantee that I am duly authorized to sign the Client Information Sheet and hereby warrant that the above information is true and correct and further, declare that I understand and accept the general terms and conditions which are available on request. These Terms and Conditions include, but are not limited to, giving Kimberley Veterinary Clinic the required consent to perform a detailed credit bureau check upon admission of a patient or at any time after treatment has ensued. Any change in personal information must be notified, in writing, within 21 days.

I hereby give Kimberley Veterinary Clinic the needed consent to use patient information and photos in case studies on our various social media platforms as stipulated in our Client Consent Form that is available on request.

Full Name and Surname

Signature

ID Number

Date

FOR OFFICE USE ONLY				
Date		ID Attached	Y	N
Staff ID				
Staff Signature				



KIMBERLEY VETERINARY CLINIC

Dr D. Smith
(BVSc)

Dr P.L. Swart
(BSc, BVSc)

Dr M. Pienaar
(BSc, BVSc)

Dr M.I. Hyslop
(BVSc)

Dr A.J. MacIntyre
(BVSc)

16 Dalham Road
Kimberley
8301
Tel: 053 832 5711
Fax: 053 832 4832
A/H: 082 889 0009
accounts@kimvet.co.za

Pet Details:

Name				Age/Date of Birth		
Breed				Description/Colour		
Male		Female		Sterilised	Y	N

Name				Age/Date of Birth		
Breed				Description/Colour		
Male		Female		Sterilised	Y	N

Name				Age/Date of Birth		
Breed				Description/Colour		
Male		Female		Sterilised	Y	N

Name				Age/Date of Birth		
Breed				Description/Colour		
Male		Female		Sterilised	Y	N

Name				Age/Date of Birth		
Breed				Description/Colour		
Male		Female		Sterilised	Y	N

Directors: Dr D. Smith, Dr P.L. Swart

CC Number: 2011/071557/23 VAT Number: 4660260094 SAVC Number: FCL00/4390