



KIMBERLEY VETERINARY CLINIC

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Estimate: Terms and Conditions

Customized/Special orders are binding on the client once **KIMBERLEY VETERINARY CLINIC** has ordered the specific item and the order has been honored by **KIMBERLEY VETERINARY CLINIC**, in which case orders cannot be cancelled partially/wholly.

The price estimated for will remain valid for 7 (seven) days from date of issue.

The estimate is only considered accepted once signed and/or a deposit of 80% is paid. The balance is payable at the completion of the service/delivery/completion of the treatment and or collection of goods, unless otherwise negotiated in writing or credit term in place.

The estimated price is based on the prices of material as on the date of issue of the estimate and in some cases subject to changes which do not fall within the control of the supplier. The supplier undertakes to inform the customer of any changes in prices as soon as the supplier becomes aware of same. **KIMBERLEY VETERINARY CLINIC** will not proceed with work until such time as price changes have been communicated and authorization has been obtained to proceed.

Accounts are due for settlement at the end of the consultation, the discharge of the pet or upon collection of diets/medicines/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.

These Terms and Conditions include 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. Accounts not paid within 90 (ninety) days will result in a default listing with the Credit Bureau.

I, the undersigned, guarantee that I am duly authorized to sign the Estimate and the terms and conditions and do hereby accept and agree to the conditions set out above as well as the general terms and conditions which are available on request, which conditions I acknowledge having read and understood.

Full Name and Surname (Print)

Signature

ID Number

Capacity in which signed

Date

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

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