



KIMBERLEY VETERINARY CLINIC

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TERMS AND CONDITIONS: TAX INVOICE

Settlement of accounts is the responsibility of the Owner and/or the accountable party, notwithstanding the fact that the patient may belong to a Medical Aid Scheme. The owner and/or accountable person/party remain liable for payment of the account until fully paid. In signing these terms and conditions, the owner/accountable party gives Kimberley Veterinary Clinic the required consent to perform a detailed credit bureau check prior to or during the fulfilment of these Terms and Conditions.

All amounts must be paid before the patient leaves the clinic or otherwise as arranged and agreed by **KIMBERLEY VETERINARY CLINIC** in writing. Accounts outstanding for more than 90 (ninety) days, will be recovered by a practicing attorney and result in a default listing with the credit bureau.

It is the responsibility of the owner and/or accountable party to inform **KIMBERLEY VETERINARY CLINIC** in writing of any change in address. The owner and/or accountable party choose the "domiciliom citandi et executandi" at the address on our database.

Should any of the terms and conditions herein contained be breached and result in legal action, the owner and/or accountable party would be liable for all legal costs.

You hereby provide **KIMBERLEY VETERINARY CLINIC** with your express written consent to use your personal information, share certain of your personal information in order to compile a profile of you, and to send promotional material to you in the ordinary course of our business.

1. We will provide you with information regarding new services or special offers. In each instance, you will be provided an opportunity to opt out of such information.
2. You hereby grant us permission to enter your cellular number onto our SMS database, if supplied to us by you, for the purpose of promotional material. If you require to have your cellular number removed from our database, please send an email to the following address: accounts@kimvet.co.za

I confirm that the services/goods specified in this Tax Invoice, was examined by me and confirm that the services/goods were rendered/delivered in good order and as requested by me.

If I/we should fail to object to any item/amount appearing on **KIMBERLEY VETERINARY CLINIC** statement of account within 7 (seven) days of the date of dispatch of the statement, the account shall be deemed to be in order and I/we shall be deemed to have received delivery of the statement.

Full Name and Surname (Print)

Signature

ID Number

Capacity in which signed

Date

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