St Francis Vet Hospital

Welcome

TO ST FRANCIS VETERINARY HOSPITAL!

We thank you for choosing our practice and trust you will be satisfied with the excellent care and compassion your pets receive from our dedicated healthcare team.

In order to keep our records accurate and to comply with legal requirements, we kindly ask that you complete the details below and hand them back to our receptionist, together with a copy of your ID.

Title: _____ First Name: _____ Surname: _____

ID Number: _____

Physical Address: _____

_____ Code: _____

Postal Address: _____ Code: _____

Email (Mr): _____

Cell (Mr): _____

Work (Mr): _____

Email (Mrs): _____

Cell (Mrs): _____

Work (Mrs): _____

Previous Veterinarian for Records: _____

Please tick the box if you DO NOT require updates via email ☐

Social Media/Photography Acknowledgement:

I hereby give St Francis Veterinary Hospital permission to take photographs and videos of my pet for the purpose of posting on social media accounts and the website of St Francis Veterinary Hospital ☐

PETS DETAILS:

	Name	Sex (Tick)		Sterilised (Tick)		Breed	Colour	Date of Birth	Microchip Number
		F	M	Yes	No				
1.									
2.									
3.									

IMPORTANT INFORMATION & PAYMENT POLICY

- We believe that effective communication of fees and payment policy is vital to maintaining good working relationships. We encourage clients to ask for estimates of costs for all veterinary services prior to or at the time of the appointment.
- Under the current National Credit Act, we are not registered as a credit provider.
- All fees are due at the time services are provided.
- It is our policy to provide you with a written estimate of fees for any case where hospitalization will be provided.
- A deposit will be required prior to your pet's treatment.
- In the event your invoice is not settled in full at the time of your visit, and is subsequently not settled within 30 days, interest of 2% per month will be charged to any outstanding accounts and listed with our Debt Collectors (Accountability).
- Please be aware that should your account not be settled within 90 days your account will be handed over to our Debt Collectors (Accountability/PRS and Associates) for which you will be charged additional administration fees in accordance with being handed over.

I, _____ have read and fully understood all of the above information.

Client signature: _____

Signed at St Francis Veterinary Hospital, Dunvegan, Edenvale on this date of _____

CONSENT TO PROCESS (USE) PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT

I, the undersigned:

Name and Surname: _____

ID: _____

Hereby give consent for the Processing (USE) of my personal details:

- Name
- Current Residential Address and/or postal address/email address
- Contact Phone Number/s
- Id Number

For the sole purpose of opening a file at St Francis Veterinary Hospital, 80 First Avenue Dunvegan Edenvale, 1610.

So that the Hospital fulfils the requirements of the SAVC (South African Veterinary Council) enabling them to perform their duties of being a Veterinary Facility and assisting me with Health care for my pets.

The consent is furnished on condition that my personal information shall be used and processed in accordance with the Protection of Personal Information Act.

Signed at _____ (Place) On _____ (Date)

Name and Surname: _____ (Please Print)

Signature: _____