



CLIENT AUTHORISATION FORM

NAME & SURNAME:

ID \ PASSPORT NO:

POSTAL ADDRESS: CODE.....

PHYSICAL ADDRESS:

TEL HOME:

CELL:

TEL WORK:EMPLOYER

E-MAIL ADDRESS

ALTERNATIVE CONTACT NAME:NO:

PATIENT (1) DETAILS:			PATIENT (2) DETAILS:		
NAME			NAME		
BREED			BREED		
COLOUR			COLOUR		
GENDER: Mark with (x)	MALE	FEMALE	GENDER: Mark with (x)	MALE	FEMALE
STERILISED? Mark with (x)	YES	NO	STERILISED? Mark with (x)	YES	NO
AGE			AGE		
LAST VACCINATION			LAST VACCINATION		
MEDICAL AID NAME			MEDICAL AID NO:		

ALL FEES TO BE PAID AFTER EACH CONSULTATION, PROCEDURE OR PURCHASE

I, the undersigned, hereby authorize the veterinarians and staff of this veterinary facility to perform any reasonable treatment, anaesthesia and/or surgery they may deem necessary, including any further measures as may be necessary during the course of the surgery and/or treatment of my animal. I am fully aware of the reasonable risks involved with this procedure and treatment and indemnify the veterinarians, staff, and clinic against any claim for damages of whatsoever nature arising out of this procedure and treatment. I acknowledge that I am indebted to the above practice for veterinary treatment, services rendered, and expenses incurred therewith and hereby render myself responsible for all costs thereof. I give permission to Kowie Veterinary Clinic to use my personal details for internal use and that they may use my e-mail address and/or cell phone number to send me e-mails and SMS's regarding accounting, reminders, and promotions.

SIGNATURE..... DATE.....

For Office Use:

CAPTURED BY		SIGN		CLIENT CODE	
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