BlueCross Veterinary Hospital

CLIENT AND PET DETAILS

Client/Person responsible for account	Patient 1
Surname:	Pet name:
Intitials: Title:	Species:
First name:	Breed:
ID number:	Colour:
Employer:	Age/Date of Birth:
Home Address:	Sex:
	Sterilized: Y / N
	Diet:
Code:	Last Vaccine:
Postal Address:	**Patient 2**
	Pet name:
Code:	Species:
(H) (W)	Breed:
(C1) (Other)	Colour:
Email:	Age/Date of Birth:
	Sex:
	Sterilized: Y / N
	Diet:
	Last Vaccine:

1. I hereby declare that the above information is true and complete.
2. I understand that accounts are to be settled strictly on presentation of the invoice.
3. I accept that overdue account will attract 2% interest per month.
4. I undertake to pay all charges should my account be handed over for collection.
5. I hereby indemnify all Blue Cross Veterinary Hospital staff members against my claim for damages arising out of the treatment the procedures carried out on my pets.
6. I hereby authorise Blue Cross Veterinary Hospital to check creditworthiness, should it be required.
7. I am aware that surcharges will be charged after hours and on weekends and public holidays.

Signed: _____ Date: _____