



BLUE CROSS VETERINARY HOSPITAL

T: 021 674 4090 F: 021 671 4722 E: vet@bluecross.co.za 45 Main Street, Newlands 7700, Cape Town
Website: www.bluecross.co.za

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

I/We the undersigned

hereby give my/our consent for the processing (use) of my/our personal information, in accordance with and as defined by the Protection of Personal Information Act, 4 of 2013 (POPI) by Blue Cross Veterinary Hospital for the provision of services and/or products pertaining to veterinary care.

I/we understand that information may be required to be disclosed to a third party in the best interest of the patient concerned. These third parties may include, but not be limited to specialist referral veterinarians, laboratories, second opinion veterinarians, medical insurance providers and travel assistance administrators. This disclosure will be discussed on a case-to-case basis and will be made in compliance with the POPI Act.

I am/ we are aware that Blue Cross Veterinary Hospital shall maintain effective security safeguards and measures to protect the security and confidentiality of my/our personal information.

I am/ we are aware that no use, processing or sharing of my/our personal information with a third party outside the borders of South Africa will occur without my/our written consent.

Person/s to act on my behalf on all transactions between myself and Blue Cross Veterinary Hospital are (eg: husband, family member, house sitter, au pair etc.):

Horse owner: (Please tick the appropriate boxes) Person/s to act on my behalf on all services rendered between myself and Blue Cross

- Yard Manager
- Groom
- Transport Company

(Aforementioned persons may need to supply Blue Cross with proper Identification)

This consent is furnished on condition that my/our personal information shall be used and processed in accordance with the Protection of Personal Information Act 4, of 2013, and as such will only be used for its original purpose and is protected on-and off-site as per required by the Act 4.

SIGNED AT _____ (place) ON _____ (date)

(Insert name of person signing)

(Signature)