



Client Registration Form

First Name	Last Name	Business / Stud Name

Residential Address		
No	Street Name	
Suburb	Post Code	State

Postal Address (if different)		
No	Street Name/PO Box	
Suburb	Post Code	State

Mobile number	Home number	Email Address
Alternative number	Work number	Place of Employment

Authorised person	Contact number	Relationship (eg partner, neighbour, agistment centre, trainer)

Terms and conditions

An account for our services will be issued and must be paid for in full within 14 days.

For overdue accounts, a monthly book keeping fee of \$10 will apply. Accounts of over \$1000 will incur a 2% surcharge per month. We reserve the right to pass on any unpaid accounts to our debt collection agency without notice and all costs, disbursements and commission fees incurred will be charged to you.

Under special circumstances, and with prior arrangement only, a payment plan may be negotiated for emergency treatments only. Please discuss this with us prior to engaging our services.

Please inform us if your animal is insured, however your account must be settled with us without delay, and regardless of the insurance company's payment to you.

Client consent

I, being the owner or authorised agent of the owner, hereby authorise Windarra Park Veterinary Clinic to examine, prescribe for, or treat my animals and agree to pay for all services rendered. I understand that accounts are due in full no later than 14 days from the time of invoicing and that additional charges will apply as stated above. I understand that a deposit may be requested prior to hospitalisation or surgery.

I hereby authorise the nominated person(s) above to request treatment of my animal and make any decisions necessary on my behalf, while under their care, or should I not be contactable in case of an emergency, and accept all charges for any veterinary care provided.

I wish to receive my invoices: by email by post (a \$2.20 paper invoice fee will apply)

Client agreement and signature _____ Date _____