



DISCHARGE TIME: STAFF ONLY

PROCEDURE

| | | | |
|--------------------------|--|---------------------------|--|
| Date | | Time of last meal | |
| Animal's name | | Age | |
| Owner's full name | | Weight | |
| Contact number | | Alternative number | |

Please ensure the numbers provided will allow hospital staff to contact you during your pet's hospital stay

| HISTORY | CIRCLE YES OR NO | | |
|--|-------------------------|-----|----|
| Recent vomiting/diarrhoea (last 7 days)? | YES | NO | |
| Recent coughing/sneezing (last 7 days)? | YES | NO | |
| Previous side effects from any medications or previous anaesthetics? | YES | NO | |
| History of seizures? | YES | NO | |
| Any recent illness? If yes, please provided details: | YES | NO | |
| Is your pet on any current medications? If yes, please list and time of last dose: | YES | NO | |
| OPTIONS | CIRCLE YES OR NO | | |
| Pre-anaesthetic BLOOD TEST This blood test screens for red blood cell, kidney or liver abnormalities that may not be evident at the time of anaesthetic. It is highly recommended for all animals undergoing surgery. If your pet is 8 years or older, this blood test will automatically be performed for the safety of your animal and added to the cost of the procedure. | \$130 | YES | NO |
| Heartworm test (dog only) | \$78 | YES | NO |
| FIV test (cat only) | \$36 | YES | NO |
| VACCINATIONS C5 (dog) Leptospirosis (dog) Proheart SR12 (dog) F3 (cat) FIV (cat) If your animal is due, would you like your pet vaccinated? Does your pet have a history of vaccine reactions? (facial swelling, lethargy) | See staff | YES | NO |
| MICROCHIP Do you want a microchip implanted today? All animals are legally required to have a microchip by 3 months of age. | \$55 | YES | NO |
| EAR TATTOO Do you give consent to tattoo the left ear as a marker that the animal has been desexed? | Free | YES | NO |
| Would you like your pet's nails clipped? | Free | YES | NO |
| I give permission for my pet's photos to be used on social media. | | YES | NO |

Declaration:

I hereby give permission for the administration of an anaesthetic to the above animal and to the surgical procedures detailed on this form together with any other procedures that may prove necessary. I understand that there are risks involved in all anaesthetic techniques and surgical procedures. In the event that the veterinary surgeon is unable to contact me on the numbers I have provided, I understand the veterinary surgeon will perform any procedures deemed necessary and in the best interest of my animal. Should it be in the best interest of my animal to stay overnight, I acknowledge and understand the risks of leaving my animal past clinic operating hours without staff supervision and I take full responsibility for all possible outcomes. I accept any estimates are approximations, and actual costs may vary from this. I agree to pay all fees at the time of discharge. **I am 18 years of age or over.**

Client signature: _____ Date: _____