ST GEORGE VETS

DISCHARGE TIME: STAFF ONLY

HOSPITAL ADMISSION FORM

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?	YES	NO
History of seizures?	YES	NO
Any recent illness? If yes, please provide details:	YES	NO
Is your pet on any current medication? If yes, please provide details/last dose?	YES	NO

PROCEDURES TO BE PERFORMED	
1.	4.
2.	5.
3.	6.

DETAILS		**CIRCLE YES OR NO**	
SPECIAL DIET: Please list any special dietary requirements and the amount to be fed:		YES	NO
PERSONAL ITEMS: Have you provided any personal items such as carry cage, leash/harness or blanket? If yes, please provide details (e.g. colour, prints, patterns):		YES	NO
Heartworm test (dog only) **FIV test (cat only)**	**$78** **$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? *If up to date, circle NO.* Does your pet have a history of vaccine reactions? (facial swelling, lethargy)	**See staff**	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: _____