



132 Urana St, Wagga Wagga NSW
2650

02 6926 0900

Hospital Admission/ Consent form

Client's Name:

Animal Name:

Species:

Client's Address:

Breed:

Description:

DOB:

Age:

Sex:

Desex:

Daytime Phone:

Microchip No.:

Mobile Phone:

Stray is in hospital today for: _____

Best contact person for today: Name: _____ Ph1: _____ Ph2: _____

Second contact person: _____ Ph: _____

PET HISTORY

When did your pet last eat? _____ Last vaccination date: ____/____/____ Vaccine: _____

Last wormed: ____/____/____ Last heartworm prevention given: ____/____/____ Heartworm product: _____

Have you noticed any vomiting/ diarrhoea /coughing or any sings of illness lately? Y / N _____

Has your pet ever had any "reactions" to any medications? Y / N _____

Is your pet on ongoing medication? Y / N. If yes: Medication type: _____

Date and time of last medication administration: ____/____/____ Time: ____:____ AM/PM

PRE-ANAESTHETIC TESTING

additional fees apply. Please discuss with admitting vet/nurse

If your pet is scheduled for a procedure that requires a general anaesthetic and your pet is over 8 years of age, or has a concurrent medical condition, it is recommended that your pet has a pre-anaesthetic blood test. While this blood test does not eliminate anaesthetic complications, it may reduce the risk of any such complications as well as identify medical conditions that may require treatment now or in the future. This is avaiable for cats and dogs only.

I request that a pre-anaesthetic blood test be done and understand that additional fees and charges apply.

☐ YES ☐ NO

INTRAVENOUS FLUIDS

-additional fees apply. Please discuss with admitting vet/nurse

As with pre-anaesthetic testing, it may be safer for your pet to have intravenous fluid administration for the duration of their procedure/ general anaesthetic for cardiovascular support.

I request that intraoperative intravenous fluids be administered to my pet and understand additional charges apply.

☐ YES ☐ NO

DOES YOR PET NEED MICROCHIPPING

While your pet is in hospital with us, would you like us to implant a microchip? Microchipping is an effective way of protection against loss or theft of your pet. The microchip implant will stay with your pet for life. We strongly recommend that our clients microchip their pets as this is a legal requirement from 12 weeks of age. Please indicate whether or not you would like your pet microchipped while it is admitted to the clinic.

☐ YES ☐ NO OR Microchip number if not recorded above _____

ESTIMATED FEES AND CHARGES

Where I have requested an indication of likely fees, I understand an estimate for the treatments &/or procedures discussed to be in the order of \$ _____ including/excluding drugs (strike out which does not apply). I further understand that this estimate does not include additional tests, treatments &/or procedures that may be necessary for adequate management of my pet, however, where this is intended, every effort will be made to first contact me.

VETERINARY STUDENT PARTICIPATION:

Wagga Wagga Veterinary Hospital (WWVH) and Charles Sturt University (CSU)

WWVH in cooperation with CSU is providing for veterinary students years 4-6 to undertake training in the clinical small animal component of the course at WWVH. Students will gain practical experience and enhanced learning opportunities through involvement in various aspects of the management of selected clinical cases under the supervision of CSU clinicians and /or WWVH veterinarians.

Clients are free to request that student involvement be excluded, or limited to specific tasks (see declaration below)

* I request that students be excluded /limited to tasks as discussed with the admitting nurse/veterinarian (strike out which does not apply).

I DECLARE:

- * that I am over 18 years of age;
- * that I am the owner of this pet / I am authorised by the owner to sign this form;
- * that I will pay all fees owing at this time of discharge unless alternative arrangements have been made with the veterinarian IN WRITING before signing this form (the written agreement MUST be attached to this form for it to be valid. I understand that if I do not settle my account in full a monthly charge is added to any remaining balance. I also declare that I will pay any additional legal and collection charges added if in default of agreement;
- * that I recognise that there is some degree of risk attached to any medical procedure and that I have discussed any concerns I may have with the veterinarian and I hereby release, discharge and indemnify the veterinarian and any person or corporations associated with the hospital from all actions, suits, demands, claims, causes of action and costs of every description whatsoever at law, equity and under statute which I, being the owner of this pet or person authorised by the owner, or any other person or corporation has, may have had or but for this consent form could, would or might at any time thereafter have against the veterinarian or any person or corporation associated with the hospital in respect of or arising directly or indirectly out of the treatment/anaesthetic/surgery;
- * that unless indicated above, I authorise student to participate in the supervised clinical management of my pet;
- * that I have read and understood this form.

I have been provided with an estimate of the projected costs for the surgical procedure and/or medical treatments for which the animal is being admitted to the practice. I understand that I assume financial responsibility for all the services rendered and that all payment is due at the time I collect my pet.

Today's invoice will be paid via the following method/s: Cash ☐ Card ☐ Chq ☐ VetPay ☐

Authorising Party: PRINT NAME: _____ SIGN: _____

Witness: PRINT NAME: _____ SIGN: _____

Admitted by: _____

Vet Consulted: Wagga Vet Hospital

Date: _____

All veterinarians of this practice are members of the Australian Veterinary Association and are committed to the professional standards set by that Association as defined by Code of Ethics

We thank you for trusting us with the care of your pet