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TREATMENT ADMISSION SHEET

Owner's Name: _____ Phone Number - Home: _____
Mobile: _____ Work: _____

Pet's Name: _____ Pet's Weight: _____ Breed and Sex: _____

Main Procedure Today: _____

While your pet is with us, are there any other services we can offer? (Please circle)

- 1. Microchip
- 2. Vaccination
- 3. Nail clipping
- 4. Teeth clean

PET HISTORY:

1. Has your pet ever had a "reaction" to any medicines? _____

2. Is your pet on any medications currently? _____

3. When did your pet last eat? _____

4. Do you use a Flea preparation on your pet? _____

If so, what and when? _____ We will administer a Flea treatment if necessary

5. Vaccination Status _____ Date of last Vaccination _____

***All animals admitted to hospital must have as a minimum a current C3/F3 vaccination status.**

Canine Cough vaccination is strongly recommended for dogs.

This is for the safety of your pet and also for the safety of other animals in the hospital

Pre-Anaesthetic Testing

We would like to take this opportunity to recommend pre anaesthetic testing. Before placing your pet under anaesthesia a veterinarian will perform a complete physical examination of your pet. Because there is always the possibility a physical exam alone will not identify all of your pet's health problems, we strongly recommend a pre-anaesthetic profile be performed. A pre-anaesthetic profile does not guarantee the absence of complications. It may however, greatly reduce the risk of complications as well as identify medical conditions that may require treatment in the future.

Please complete the recommended testing prior to administering anaesthesia to my pet. Cost \$72.00

I decline the pre-anaesthetic tests at this time.

Pain Management

We routinely administer a short acting pain relieving injection for every surgical procedure. We can in addition administer longer acting pain (24hrs) relief if you so choose. We highly recommend this.

**Please administer additional long-term pain relief to my pet.
Cost: Cats \$12.00, Small Dogs \$14.00, Large Dogs \$18.00**

I decline the offer of additional pain relief for my pet.

I DECLARE:

- that I am over 18 years of age.
- that I am the owner of this pet OR that I am authorised by the owner to sign this form.
- that I will pay all fees owing at the 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).
- 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 hereby release the veterinarian and any person associated with the hospital from all legal action, rising directly or indirectly from the treatment/anaesthesia/surgery.

Estimated fee range:

Between and

That I have read and understood this form, agree to the conditions and consent

Signed _____ Print Name _____ Date _____