

SMALL MAMMAL CONSENT FOR TREATMENT

Pet name _____ Owner. _____

It is important that we be able to contact you if necessary while your pet is in hospital

- Your contact phone number for today: _____ or _____
- When did your pet last have anything at all to eat? _____
- Has your pet been vaccinated in the last 12 months: Yes No
- Has your pet shown recent signs of illness (e.g. Coughing, vomiting, diarrhoea or loss of appetite)?
Please specify: _____
- Is your pet currently on any medication? Please specify: _____

Procedures to be performed: _____

Sedation, general anaesthesia and/or clipping may also be carried out (as required) to perform these procedures. Pre-operative and post-operative pain relief will be given wherever necessary to ensure the comfort of your pet. We strongly recommend pre-anaesthetic blood +/- urine tests and intravenous fluid delivery for patients undergoing anaesthesia, especially for those at higher risk. These tests help us to assess the status of the patient and intravenous fluids can enhance the safety of the procedure. Please indicate if you would like these tests performed or intravenous fluids to be administration (Additional costs are involved).

	Yes	No
Pre-Anaesthetic blood/urine tests (@ additional \$130)		
Intravenous Fluids (@additional \$150)		

We do not recommend leaving blankets, toys, etc with your pet, as we cannot guarantee their return
However, if you do leave anything please describe it here:

Carry Box Description: _____

Estimate for veterinary services _____

VISITING HOURS. PLEASE TELEPHONE THE HOSPITAL PRIOR TO VISITING AS TIMES VARY & IT IS NOT ALWAYS POSSIBLE

I DECLARE THAT

- I, the undersigned, an adult major, hereby authorise the veterinarians and staff of this veterinary facility to perform any reasonable treatment/anaesthesia and surgery they may deem necessary, including further or alternative measures as may be necessary during the course of the surgery and/or treatment of my animal.
- I undertake to keep in daily contact to enable the staff to inform me of the progress, costs incurred, and additional treatment involved, of my hospitalised animal.
- I recognise that there is some degree of risk attached to any medical or surgical procedure or treatment. I have discussed any concerns I may have with the veterinarian. I hereby absolve the veterinarians, staff and this facility from all actions, arising directly or indirectly from the treatment / anaesthetic / surgery.
- In the event of any grievance or dispute with this veterinary facility or its veterinarians, I undertake to enter into and complete the VDA's free Alternate Dispute Resolution process, before resorting to any other action or remedy.
- I acknowledge that I have read these conditions and hold myself bound thereto.
- I will pay all fees owing at the time of discharge.
- I consent for photos and/or videos of my pet to be used for social media purposes

Signed: _____ Date: _____ Witness: _____ Date: _____

Final payment of account must be settled at the time of discharge from hospital. We accept Cash, EFTPOS, Mastercard, Visa, American Express.