

Today's Date _____.

OWNER INFORMATION

Mr___ Mrs ___ Miss___ Ms___

Surname: _____

(Spouse/ Partner) Name: _____

First Name: _____

Email Address: _____

Address: _____

Suburb: _____

Post Code: _____

Contact Details

Home Telephone: _____

Work Telephone: _____

(Spouse/ Partner) Work: _____

Mobile Telephone: _____

(Spouse/ Partner) Mobile: _____

EMERGENCY CONTACT (person not living with you)

This is of course if we cannot get in contact with anyone on the above numbers

Full Name: _____

Contact Number: _____

PATIENT INFORMATION

Pet's Name: _____

Breed: _____

Colour: _____

Age: _____ **Sex:** _____ **Desexed:** Y / N

Today's Weight: _____ kg

Referring Veterinarian (not at this hospital): _____

Referring Veterinary Clinic: _____

Is your pet allergic to any medications (please specify): _____

Is your pet currently on any medications (please specify): _____

If so, when was it last given? _____

Has the above animal eaten this morning? NO / YES TIME:_____

Please turn over the page to read and sign the authorisation to treat for the above patient.

OFFICE USE ONLY
On Computer
Checked In
Drug Sheet
Patient ID:.....

FINANCIAL RESPONSIBILITY AND AUTHORISATION TO TREAT

I authorise the veterinarian(s) on duty at South Paws- Specialty Surgery for Animals (and assistants they may designate) to examine the animal presented and to administer emergency medical and/or surgical treatment deemed necessary on the basis of their findings during the course of the examination. I also consent the administration of anesthesia as necessary. I understand that no guarantee of successful treatment is made. I fully understand this authorisation for treatment and reasons why such medical and/or surgical treatment is considered necessary, as well as the advantages and possible complications.

I understand that this balance is to be paid in full at the time services are rendered. If there are extenuating circumstances, payment options will be entertained, but must be discussed in advance. I also understand if this privilege is abused and the balance not paid in a timely fashion, that I will be responsible for not only the balance due but any collection and/or reasonable solicitors' fees that are incurred in the attempt to collect this debt.

I understand that any treatment undertaken at any other centre is not included in the treatment provided by South Paws- Specialty Surgery for Animals.

I understand that if GE Care Credit is to be the method of payment, arrangements and applications must be finalised at the time of admission.

I have carefully read and understand the terms and conditions of payment and treatment of my pet.

Print Name _____ Signature _____

Payment in full is required at time of discharge.

Full payment method at the time of discharge would be:

- Cash/Cheque
- EFTPOS
- G.E Care Credit arrangement- *Please ask reception staff for a form before consultation.*
- Credit card *Mastercard and VISA.*

If GE Care Credit application or credit card details are not made available, a deposit of 80% of the given estimate amount will be required at the admission of your pet.