

Drop off consultation consent form

Please complete as much as possible and sign below. Continue on the back if you need more space.

Owner's details

Name: Surname:

Address:

Best contact during the day:

Pet's details

Name: Age: Sex: M / F Neutered: Y / N

What is your pet's problem today?

How long has your pet been unwell: Last fed:

Please indicate any symptoms seen and provide details.

Vomiting: Y / N If YES, how often: Food / Bile / Liquid

Diarrhoea: Y / N If YES, how often: Any blood in stools: Y / N

Any feeding of bones, scavenging or exposure to toxins: Y / N

If YES, provide details:

Pain: Y / N If YES, where:

Excessive thirst or urination changes: Y / N If YES, provide details:

Wounds: Y / N If YES, where and how many:

Recent fighting or trauma: Y / N If YES, provide details:

Change in appetite: Y / N If YES, provide details:

Sneezing: Y / N If YES, where:

Coughing: Y / N If YES, where:

Limping: Y / N If YES, where:

What do you feed your pet:

Please provide details of any medication you are giving your pet:

Is your pet's vaccinations up to date: Y / N If NO, if your pet is well enough would you like us to vaccinate today: Y / N

When did you last worm your pet and name of product used:

When did you last treat your pet for fleas and name of product used:

I hereby give permission for the administration of an anaesthetic, sedative, and/or any other medications as required to the above mentioned animal and to treatment and/or any necessary surgical operation or procedure which in the opinion of the responsible veterinary surgeon might prove necessary. I understand that all anaesthetic techniques and surgical procedures involve some risk to the animal. I authorize the clinic to treat my animal as required, and understand that they will attempt to advise me before any such procedure is undertaken. However in the event that the clinic cannot reach me, I agree to them beginning treatment as needed. **I am aware that a hospitalization charge will apply and I agree to pay all monies owing at the time of discharge.**

Signature of owner: Date: