

Companion Animal Admission Form

I, _____ the owner/agent hereby give consent for admission of _____ (pet's name) to Blue Cross Veterinary Hospital, for the following procedure/treatment:

I declare that I am the owner/ authorised agent for the described animal and as such authorise and request the clinic to perform any diagnostic, therapeutic and/or surgical procedures as described above. I have been fully informed as to the nature of such services and I accept that no guarantee can be given regarding the results of treatment.

I understand that there are always inherent risks with any anaesthetic or procedure.

I understand that all reasonable care and precautions will be taken in the performance of the procedures.

I give consent for the admission of emergency treatment or drugs in an emergency and that I will cover the costs for such treatment.

I understand that I assume financial responsibility for all services rendered.

I do not hold Blue Cross Veterinary Hospital responsible for the loss of any personal items (leads/ collars/bedding/cat baskets) left with my pet.

I am aware that this hospital does not provide 24 hour monitoring. Should I wish to have my pet monitored 24 hours a day

I will make arrangements with the veterinarian responsible. **I accept and understand (Please tick)**

I will settle any outstanding balance upon discharge of my pet. **I accept and understand (Please tick)**

I am aware that my pet and my personal information may need to be shared with third parties, (laboratories, specialists, pet insurance companies, etc.). This will be in the best interest of my pet's health. **I accept and understand (Please tick)**

I understand that Blue Cross Veterinary Hospital has an alternative dispute resolution process for any disputes or grievances.

I give Blue Cross Veterinary Hospital permission to take photographs and/or videos of my pet without our personal names for the purpose of posting on Blue Cross Veterinary Hospital's Facebook and Instagram page. I hereby release and discharge Blue Cross Veterinary Hospital from any and all claims arising out of use of the photos. **I accept and understand (Please tick)**

Pre-anaesthetic questionnaire	(Circle the applicable answer)	Comments:
Has your pet had any food or medication today?	Yes No	
Has your pet had any previous anaesthetic complications?	Yes No	
Is your pet allergic to any drugs/medication?	Yes No	
Is your pet currently experiencing any: Coughing/ Sneezing	Yes No	
Vomiting	Yes No	
Diarrhoea	Yes No	
Other	Yes No	
Has there been an increase in water intake or urination over the last 6 months?	Yes No	
Does your pet get out of breath with non-strenuous normal exercise?	Yes No	
Does your pet suffer from any chronic on-going medical condition?	Yes No	
Has your pet received any medication in the last 30 days?	Yes No	
Has your pet been vaccinated in the last 12 months?	Yes No	
Is your pet on Pet Insurance? (Please specify)	Yes No	

Signature: _____

Account Number: _____

Date: _____

Contact Number: _____

ID Number: _____