

SECTION 1 / YOUR DETAILSHave you been to our practice before? No Please complete section 1 and section 2.Yes Please complete your surname then go to section 2.

Surname _____ Title _____ First Name _____

Street Address _____

Suburb _____ State _____ Post Code _____

Best Contact Number: _____ Email Address* _____

*Required: We use your email address to forward important results and reminders regarding your pet's treatment.

Additional Contact Number _____ Details _____

Is your pet insured? Yes No Insurance Company _____

SECTION 2 / YOUR PET'S DETAILSHas your pet been treated at our practice before? No Please complete section 2.Yes Please inform reception to update your records.

Pet's Name _____

Species: Canine Feline Breed _____ Colour _____Age _____ Sex: Male Female Desexed: Yes No Weight _____Any known anaesthetic complications? Yes No Details _____Any known allergies - food or drug? Yes No Details _____Has your pet eaten in the last 12 hours? Yes No Does your pet require any specific food? Yes No Details _____

Medications your pet is on _____ Time of last dose _____

Regular Vet Clinic _____

Vet's Name _____

TREATMENT AUTHORISATION

I am the owner, or the agent of the owner, and have the authority to execute this agreement. I authorise Advanced Vetcare to examine and treat the patient described above. I understand there will be a further consent form provided that fully details the cost and any risks associated with hospitalisation and treatment.

Financial Policy: Payment is due upon discharge. For emergency cases, a deposit is required in advance and this will be detailed on the admittance forms. Payments accepted include Cash, Eftpos, Visa/Mastercard and Cheque by previous arrangement. No Diners or Amex. In special circumstances credit may be arranged via an agreed third party. In order to avoid any misunderstandings, please let us know immediately if these terms are not satisfactory. I accept full

financial responsibility for the animal named above. I understand full payment is due at the time of discharge including insured animals. Paperwork relating to insurance claims can then be completed.

Information Sharing Policy: If another veterinarian has referred me to this hospital, I understand that they will receive a summary of the care and treatment provided by Advanced Vetcare.

I do not permit images of my pet to be posted on social media sites associated with Advanced Vetcare. Your personal details will never be associated with any social media posts.

Signature _____ Date _____

Detach card and keep.

