

DROP-OFF ADMISSION FORM

Date			
Animal's name		Age	
Owner's full name		Weight	
Contact number		Alternative number	

*Please ensure the numbers provided will allow hospital staff to contact you during your pet's hospital stay

Pick up time:	PM
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Reason for drop-off:

HISTORY			DETAILS
Previous vet if this is your first visit	Yes	No	
Flea/tick/worming treatment and last dose	Yes	No	
Changes to appetite	Yes	No	
Changes to thirst	Yes	No	
Recent vomiting and/or diarrhoea	Yes	No	
Recent coughing and/or sneezing	Yes	No	
Recent illness	Yes	No	
Any allergies	Yes	No	
History of seizures?	Yes	No	
Previous side effects from any medications?	Yes	No	
Is your pet on any current medication? When was the <i>last dose</i> given?	Yes	No	1. 2. 3.
Any access to toxins (E.g. rat bait, snail bat, fresh lily flowers)	Yes	No	
Any access to toxic foods (E.g. grapes, chocolate, garlic, onions)	Yes	No	

ADDITIONAL REQUESTS		
Vaccination	Yes	No
Heartworm injection	Yes	No
Flea/worming prevention	Yes	No
Would you like your pet's nails clipped? (Free of charge)	Yes	No
I give permission for my pet's photos taken by hospital staff to be used on social media	Yes	No
Other requests: please list –	Yes	No

The attending veterinarian will contact you after providing a physical examination of the animal. The veterinarian may ask further questions, ask for consent for appropriate diagnostic workup and provide a treatment plan. You may receive multiple phone calls during the day as the veterinarian works throughout your pet's case. Please have your mobile with you at all times.

Declaration:

In the event that the veterinary surgeon is unable to contact me with the numbers I have provided, I understand the veterinary surgeon will perform any procedures deemed necessary and in the best interest of my animal. I hereby give permission for the administration of medication and IV fluids, diagnostic workup (blood work, urinalysis, x-rays) or procedures deemed necessary by the attending veterinarian. Should it be in the best interest of my animal to stay overnight, I acknowledge and understand the risks of leaving my animal past clinic operating hours without staff supervision and I take full responsibility for all possible outcomes. I accept any costs accumulated and agree to pay all fees at the time of discharge. I am 18 years of age or older.

***Please note there will be a 2% surcharge added to the bill for credit card transactions**

Client signature: _____ Date: _____

Thank you for leaving your animal in the care of St George Animal Hospital.
Please do not hesitate to give us a call if you have any questions.