



Zillmere Veterinary Surgery

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ANAESTHETIC CONSENT FORM

Patient: Name: Breed: Age: Weight:

This agreement is made on/...../..... Between Zillmere Veterinary Surgery and

“Owner/Guardian”

of Address:

Telephone: Home: Mobile: Work/Other:

Procedure / Reason:

N.B. Nail trims are complimentary under anaesthesia. Your pet’s nails may be trimmed if needed.

Has your pet’s appetite, demeanour been normal? Yes / No.....

Has there been any coughing/sneezing, vomiting/ diarrhoea? Yes / No.....

Has your pet ever had a bad anaesthetic experience? Yes / No.....

Is your pet currently on medication? Yes / No.....

Does your pet have any allergies/ medical considerations? Yes / No.....

Is your pet on any special diets? Yes / No

Is your pet on heartworm prevention? Yes / No.....

When did your pet last eat any food/treats?.....

Do you give permission for your pet’s photo/s to be used on Zillmere Vet’s social media pages, personal website or in any marketing material? YES NO

In order to update you throughout the day, please provide a number on which you will be contactable all day:

.....

If additional treatment is required during your pet’s stay and contact with you cannot be made, please do ONE of the following:

- Do whatever treatment is necessary at this time to avoid additional anaesthetic procedures and associated costs.
- Do not perform any elective procedure or treatment

In consideration of the Veterinary Surgeon agreeing to render all reasonable care and treatment to the abovementioned animal at the request of the owner the parties hereby agree as follows –

1. The owner/guardian (being over the age of 18) hereby consents to the above animal being admitted to the veterinary facility and to pay for all services, drugs, treatments and hospitalisation and agrees to any emergency treatment deemed necessary by the Veterinary Surgeon. The owner/guardian understands that before implementation of such procedures, contact with the owner would be attempted, but if for any reason this is not possible, the Veterinary Surgeon has the authority to proceed at his/her discretion.
2. The owner/guardian hereby consents to the treatments and/or procedures proposed and accepts responsibility for the medical risks and costs incurred regardless of the final position of the case with the understanding that the above anaesthetic, surgical, diagnostic or therapeutic procedures may involve risk and complications, injury or even death from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure.
3. The owner/guardian certifies that he/she has read the foregoing and as the owner of the animal or as general agent for the owner is duly authorised to execute the above and accepts full terms and conditions set out therein.
4. The owner/guardian is aware that there is no supervision for admitted animals outside of practice business hours.

Your signature below constitutes your acknowledgement that (i) you have read and agreed to the above (ii) the procedure(s) have been explained to your satisfaction (iii) you have had the chance to ask questions and (iv) you authorise and consent to the performance of the procedure(s) and to the administration of anaesthesia.

.....

Owner/Guardian signature

.....

Veterinary Surgeon/Agent signature

STAFF USE ONLY:

Healthcare Plan in cost:

Proposed Discharge Appointment:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> BUN | <input type="checkbox"/> Retained teeth | <input type="checkbox"/> Collect urine | <input type="checkbox"/> PCV / TP |
| <input type="checkbox"/> Chem 6 blood panel | <input type="checkbox"/> Dew Claws | <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Chem 12 blood panel |
| <input type="checkbox"/> Microchip | <input type="checkbox"/> Vaccination | <input type="checkbox"/> Collect Faeces | <input type="checkbox"/> Idexx bloods |
| <input type="checkbox"/> Nail Clip | <input type="checkbox"/> Intestinal worm Tx | <input type="checkbox"/> Administer medication | <input type="checkbox"/> Feline Aids test |
| <input type="checkbox"/> Ext / IV fluids | <input type="checkbox"/> Heartworm test/prevention | <input type="checkbox"/> X-Rays | <input type="checkbox"/> Other |