



DR ALAN R. GILES BVSc. (Hons) & ASSOCIATES ABN 93 149 161 019

Grafton VETERINARY CLINIC

128 BACON ST GRAFTON NSW 2460

PH: 02 6642 3681

<input type="checkbox"/>	Ring after surgery
	Time for collect

Name: _____

Pets Name: _____ Species: _____

Residential Address: _____

Breed: _____

Postcode: _____

Colour: _____

Phone (H) _____ (W) _____

Sex: ____ Age: _____ Weight: _____

Mobile _____

De-sexed: Yes /No Micro-chipped: Yes/No

Client Ref No _____

Temperament: may bite when anxious: Yes/No

Owner/or Authorised Person (please Circle)

Any known Allergies/Reactions _____?

When did your pet last eat _____ Current medication: _____ Time last dose: _____

Significant medical history _____

FOR ELECTIVE SERVICES

1. Have you noticed any vomiting/coughing/diarrhoea or any signs of illness lately? Yes / No.
2. Would you like your pet vaccinated today Yes/ No Last vaccination date _____
3. Would you like your pet micro-chipped today Yes/No
4. Is heartworm prevention current Yes/No Do you want to start on yearly injections today Yes/No
5. Does your pet need routine treatment for Teeth: Yes/No Ears: Yes/No Nails: Yes/No Lumps: Yes/No
Other _____
6. Do you understand the need to clip area for procedures Yes / No
7. List previous surgery: _____
8. Any accessories with your pet today Collar Lead Bedding Other

I CONSENT to have: anaesthesia/surgery/radiology/laboratory tests/medical treatment/other performed on the pet described.

Today's Procedure: _____

I have been given an estimate of the likely fees between \$_____ and \$_____ for today's procedure.

I will be paying all fees owed today, by means of Cash Cheque EFTPOS

I would like to make alternative arrangements. Credit agreement Form Completed

I give consent for any photographs of my pet to be used for education, advertising, web or support material for the clinic.

I understand the ID of my pet will remain private.

I DECLARE:

- That I am over 18 years of age
- That I am the owner of this pet or that I am authorised by the owner to sign this form.
- That I recognize that all anaesthetic techniques and surgical procedures involve some risk, and if I hold any concerns regarding these, I have discussed those with the veterinarian.

I certify that the above information is true and correct. I have read and understand this form and the TERMS AND CONDITIONS OF TRADE (overleaf) of Alan R Giles T/A Grafton Veterinary Clinic which form part of, and are intended to be read in conjunction with this admission & consent Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause. I give permission to the Veterinarians and staff of Grafton Veterinary Clinic to provide treatment to my pet as necessary. I am aware that full payment is required at the time of collection, with half of the estimated total costs to be paid at the time of consultation unless other arrangements have been previously made with the Veterinarian.

SIGNED: _____ PRINT NAME: _____ DATE: _____

Admitted by: _____