



## Turramurra Veterinary Hospital

### ADMISSION FORM - BOARDING - Admitted by \_\_\_\_\_ Date: \_\_\_\_\_

<b>Client name:</b>	<b>Pet name:</b>	<b>Patient ID:</b>	
<b>Address:</b>	<b>Species:</b>	<b>Breed:</b>	<b>Gender:</b>
<b>Email:</b> (On Petpack E-news ? YES / NO)	<b>Colour:</b>	<b>Age:</b>	<b>DOB:</b>
<b>Phone:</b>	<b>Microchip:</b>		
	<b>Weight:</b>		

### Boarding Dates:

**All animals admitted to hospital must be up to date with vaccinations.**

Vaccination: Overdue  Unknown  Up to date  Last performed: \_\_\_\_\_

Flea Treatment: Overdue  Unknown  Up to date  Last performed: \_\_\_\_\_

**To keep all boarders healthy cats carrying fleas will be treated with a spot on treatment at owner's expense.**

Drug allergies: None known  Yes  Please specify: \_\_\_\_\_

Do you live in a high risk tick area?: \_\_\_\_\_

Is your pet currently receiving medication?: No  Yes  Please specify: \_\_\_\_\_

Dietary requirements/ preferences (please supply if not happy with Hill's): \_\_\_\_\_

What time did your pet last eat and drink? \_\_\_\_\_

**Have any personal belongings been left with the pet? Please specify:** \_\_\_\_\_

If your pet becomes ill during their stay and we can not contact you, please specify what you would like us to do. If after hours emergency care is needed, your pet will be treated at Northside Emergency Vet Service, unless you specify otherwise. **(please complete Holiday Details Form overleaf)**

### Financial details:

**Have you been given an estimate of the costs ?** No  Yes  \$ \_\_\_\_\_

PLEASE NOTE: Boarding is charged per night. Estimates include boarding from the time the animal arrives at the hospital until the anticipated day of discharge. However, they DO NOT include any medical or surgical treatment or investigations during this time. The estimate of costs provided today is based upon the best information currently available, and is not a guarantee of final charges.

### FULL PAYMENT IS DUE AT DISCHARGE FROM HOSPITAL

**Method of payment:** Please tick **Credit Card**  **EFTPOS**  **Cash**

### Consent to Perform Veterinary Procedures

I, \_\_\_\_\_ being the owner of patient.entity.name, or an authorised agent of the owner (*over the age of 18*), hereby authorise Turramurra Veterinary Hospital to provide the above mentioned care. In consideration of the veterinary staff providing the requisite treatment, I hereby agree to pay the prescribed fees, and I further agree to indemnify them, their servants or agents, from any loss or liability which may incur as a result of any inaccuracy whether intended or otherwise, in this my declaration.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_



## Turramurra Veterinary Hospital

### Holiday Details Form

Name of Owner and Pet(s): \_\_\_\_\_

Dates of holiday: \_\_\_\_\_

Primary location of holiday: \_\_\_\_\_

Will you be contactable ? YES / NO

Contact phone number(s): \_\_\_\_\_

Contact email: \_\_\_\_\_

We are happy to organise "stand by" payment arrangements for clients going on holidays, in case veterinary treatment is required. **What would you like us to do in the event of pet illness and you being uncontactable ?**

If after hours emergency care is needed, your pet will be treated at Northside Emergency Vet Service, unless you specify otherwise.

a) Limited treatment: (Please nominate limit and credit card details below):

b) Do everything required short of specialist care.

c) Do everything including specialist care (this may depend on the policy of the specialist as to proceeding without written consent).

Credit card number: \_\_\_\_\_

Security code: \_\_\_\_\_ Expiry: \_\_\_\_\_

When would you like this arrangement to finish ?

a) At the end of my nominated holiday.

b) At the expiry of my credit card.

Signature: \_\_\_\_\_

Turramurra Veterinary Hospital has a firm policy of not offering credit accounts. If owners have no prior arrangements with us, payment will be expected at time of consultation for veterinary treatment by the pet minder.

Policy effective April 2011.