



## Hospitalisation Admission Form

### Client Information

Name & Surname: \_\_\_\_\_ ID number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Cell number: \_\_\_\_\_  
 \_\_\_\_\_ Home number: \_\_\_\_\_  
 \_\_\_\_\_ Work number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Alternative nr: \_\_\_\_\_

*Note: It is important that we are able to contact you, while your pet is in hospital.*

### Patient Information

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_  
 When last has your pet been vaccinated? \_\_\_\_\_

*Note: we strongly recommend that all animals admitted to hospital be fully vaccinated*

Does your pet have any health problems, drug allergies or using medications that we should be aware of? Yes  No

Please specify: \_\_\_\_\_

Has your pet shown recent signs of illness? Yes  No

Please specify: \_\_\_\_\_

Main reason for hospitalisation: \_\_\_\_\_

### Procedural Authorization:

*For patients admitted for surgery:* Many quotations and final treatment protocols can only be determined once a pet is anaesthetised. It is therefore crucial that we have to get hold of you at short notice to present you with a final quotation or choice of treatment options.

*For patients admitted for medical reasons:* Many initial quotations might have to be adjusted according to the patient's response to therapy.

*In case of us not being able to reach you in time, which option would you prefer:*

- Continue treating your animal, irrespective of costs.
- Continue treating your animal up to the specified amount  \_\_\_\_\_ (Specify amount)
- Please discontinue all additional treatment and stay within the original quotation as discussed beforehand

### Additional procedural options:

*It might be of best interest for your pet to consider having these procedures performed while it is anaesthetised:*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Castration / Sterilisation | <input type="checkbox"/> Ear Cleaning                       | <input type="checkbox"/> Dewclaw Removal |
| <input type="checkbox"/> Vaccinations and Deworming | <input type="checkbox"/> Dental Procedures                  | <input type="checkbox"/> Hernia Repair   |
| <input type="checkbox"/> Micro-chipping             | <input type="checkbox"/> Biopsy / Lump Removal and Analysis | <input type="checkbox"/> X-rays          |

Sedation, anaesthesia and shaving may have to be done to perform the requested procedures.

**If your pet is being anaesthetised:** We advise blood and urine screening tests for animals over 7 years old, this is optional for younger animals. These tests help us to assess the safety of the anaesthesia for your pet as well as general wellness. Yes  No

**If your pet is having dental procedures:** (including Scaling, Polishing and Tooth Extractions):

It is not always possible to fully assess your pet's teeth until it is under general anaesthesia and the tartar has been scaled off. We may then determine that a tooth (or teeth) needs to be extracted. Additional charges would apply. We would do this only if necessary.

The veterinarian can judge which teeth are best removed Yes  No

*Pre-operative and post-operative pain relief will be given wherever necessary to ensure the comfort of your pet*

*Note: all hospitalisations require a 60% deposit on initial quotation when admitted*

#### Terms and Conditions

- I am 18 years of age or over,
- I am the owner of this pet  I am authorised by the owner to sign this form
- I authorise all procedures to be performed as recorded on this form.
- I understand that these procedures might not necessarily be performed by the same veterinarian as the one that admitted the patient into hospital.
- I recognise that there is some degree of risk attached to any medical or surgical procedure and that I have discussed these concerns with the veterinarian. I also understand that complications could occur, and that resolving these complications might involve additional costs.
- I will pay all fees owing at the time of discharge. Please be advised the final payment will only be accepted by **cash or credit/debit card. NO CHEQUES!**
- I accept the Terms and Conditions of Vetland Animal Hospital, and fully understand that Vetland Animal Hospital cannot guarantee the outcome of the proposed therapy and thus indemnify Vetland Animal Hospital of the outcome thereof.

\_\_\_\_\_  
Client/ Owner / Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterinarian / Nurse