

Chine House

Veterinary Hospital

Consent for Anaesthesia, Operations and other Procedures

Owner:	Mrs Animal Lover	Pet:	Rover
Email:	animallover@xmail.com	ID	x-xxxxx
Address:	123 The Street Anywhere	Species:	Dog
		Breed:	Cross Breed
		Sex:	Male
		Age:	01y 06m 13d (y/m/d)
☎:	077xx xxxxxx	Weight:	Previous: 4.68 kg Current:

Reason for Admission: **Operation**

Other Notes:

Please leave us any numbers where you can be contacted during the day.

I hereby consent to the administration of the anaesthetic to Rover and to the surgical or other procedures noted on this form, together with any other procedures which may prove necessary. I understand that all anaesthetic techniques involve some risk to the patient and this risk may be greater in smaller animals e.g. rabbits, hamsters and guinea pigs.

I also consent for the use of drugs not licensed in this particular species, whose use is necessary for treatment of the particular condition and where no licensed alternative exists.

I also understand that all fees including nursing and extra treatment are payable at the time Mabel is collected and I agree to pay them in full at the time, unless prior arrangements, which have been noted on this form, have been made.

Additional services – Please tick any you would like performed while Mabel is sedated/under general anaesthetic:

Trim Nails Empty Anal Glands Clean Ears Implant Microchip Other _____

Would you like Rover to go home with No Lick or a Buster Collar

Please assist our reception staff by indicating your intended method of payment.

I intend to pay by: CASH /CARD/ INSURANCE CLAIM

Signature of Owner _____ **Date: 04.05.20**
or authorised Agent

'I understand that images (eg, radiographs, ultrasound scans, digital images) as well as blood and tissue samples left over after clinical diagnosis may be a valuable source of information for research into animal disease and remain property of the clinic. I hereby give my permission for these (along with the clinical record) to be used for publication and/or educational purposes. I understand the information will remain anonymous.'

Patient Admission Information

Patient: Rover

Owner: Mrs Animal Lover

Please complete this record prior to Rover being admitted. The nurse will check through this during the admission process.

1 - When was Rover's last meal? _____

2 - What type of food does your pet normally eat?

3 - Does Rover suffer from any of the following conditions?

Heart: YES/NO Respiratory: YES/NO Seizures/Fitting: YES/NO

4 - Does your pet suffer from any other health issues? YES/NO

If yes please give details _____

5 - Do you administer any medication to your pet? YES/NO

If yes, have they received this today? YES/NO

Please give details of the drug and how often it is administered.

6 - Is Rover microchipped? YES/NO

If No, would you like your pet microchipped today? YES/NO

7 - Is Rover Vaccinated? YES/NO

8 - Is your pet insured? YES/NO

9 - If your pet is undergoing surgery today do you require:

A Buster Collar No Lick

10 – Does your pet require a Pre General Anaesthetic Blood Test ? If so the cost will be roughly £50 extra.

YES / NO

The following section is to be completed by the admitting veterinary nurse.

Consent form checked and completed. _____ . Admitting Nurse _____

Items left with the patient: lead/blanket/carrier/teddy:

D Blow, J Dickerson, J Garratt, C Hunt, T Leaman, M Rudkin, S Turner MsRCVS

Sileby Hall, Cossington Road, Sileby, Loughborough, Leics. LE12 7RS

Small Animal (24hrs) 01509 812446 Equine & Farm (24hrs) 01509 812445

Accounts 01509 814505 Fax 01509 816145

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