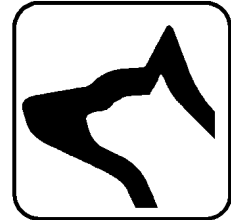


Bucklands Beach Veterinary Hospital

340 Bucklands Beach Rd
petmd@bbvet.co.nz
5348118



Client Sheet

Anaesthetic/Procedure Consent Form

For: Animal's Name: _____
Type (cat, dog etc) _____
Age: _____

Owner: Firstname _____
Surname _____
Address _____
Suburb _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

As the owner/agent of the above animal I hereby consent to him/her being given a sedative and/or general anaesthetic for the purpose of:

I understand there are possible risks and complications involved, and that in the event of an emergency or complication, the practice will take necessary action to control the problem. In the event of an emergency, the practice will notify me as soon as is practical.

My Contact Number for today is: _____

Last meal was at _____ am/pm, on date _____

Recently administered medication (if any): _____

Other health problems or recent illness (if any): _____

I ACCEPT/DECLINE the option of a pre-anaesthetic blood screen. (cost \$52)

(This involves taking a small blood sample prior to giving the anaesthetic and checking some liver and kidney function parameters. Abnormal results could affect the safety of the anaesthetic or procedure. In younger animals or those who have never previously been tested it provides a baseline for the future.

I agree to meet the costs of all treatment at the time discharged.

Signed _____ Owner/Agent Date _____

NURSE TO COMPLETE

Vaccination up to date? Y/N

Special Notes/Warnings: _____ Weight: _____