



# Daisy Street Veterinary Centre

Daisy Street, Blackburn, BB1 5EW [www.vet-healthcentre.co.uk](http://www.vet-healthcentre.co.uk)

Phone  
01254 53622

## ROUTINE PET ADMISSION

**OWNER'S NAME** Mr / Mrs / Miss / Ms / Dr \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

PHONE CONTACT DURING THE DAY - WHO SHOULD WE ASK FOR? \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_

**PET'S NAME** \_\_\_\_\_ BREED / COLOUR \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

**REASON FOR ADMISSION**

**DECLARATION OF CONSENT**

PLEASE READ CAREFULLY BEFORE SIGNING

**1. PERMISSION TO PROCEED**

- I give permission for you to :-
  - a) Anaesthetise / treat my pet as described opposite.
  - b) Clip hair or nails as necessary.
  - c) Give any other treatments that may become necessary during anaesthetic, surgery or investigation.

- I accept any risks involved.
- The value of this pet does not exceed £5000.

**2. SAFETY-CHECK BLOOD TEST**

We highly recommend a pre-anaesthetic blood test to eliminate many pre-existing problems that may not be evident physically but could lead to complications.

- I agree to the safety blood test - cost £ \_\_\_\_\_
- I do not agree to the safety blood test.  
*delete as appropriate*

The blood test is not included in the estimate opposite.

**3. OTHER TREATMENTS**

We may discover other medical problems, for example, bad teeth, warts, growths, ear infection etc. Do you want us to proceed with any treatment required?

YES	
NO	

Extra treatment is not included in the estimate opposite.

**4. PAYMENT**

I understand that part-payment is due on admission and the remainder at discharge. I will be paying by :-  
CREDIT/DEBIT CARD / CASH / CHEQUE +CARD

Signed \_\_\_\_\_ owner / agent

Date \_\_\_\_\_

Is your pet insured? YES / NO

Equipment left at the surgery? Collar \_\_\_\_\_

Lead / Carrier \_\_\_\_\_ / other \_\_\_\_\_

WT: \_\_\_\_\_  
EATEN: \_\_\_\_\_

MEDS: \_\_\_\_\_

**ESTIMATE OF COSTS FOR TODAY**

Admission \_\_\_\_\_  
 Anaesthetic \_\_\_\_\_  
 Surgery \_\_\_\_\_  
 Dental \_\_\_\_\_  
 X-rays \_\_\_\_\_  
 Fluid Therapy \_\_\_\_\_  
 Tests \_\_\_\_\_  
 Treatment \_\_\_\_\_  
 In Patient \_\_\_\_\_  
 Amount owing \_\_\_\_\_

APPROX TOTAL  
INC. VAT £

\_\_\_\_\_

**PLEASE NOTE: This estimate does NOT include medications, dressings, disposable equipment, OR the cost of any follow-on treatment after today.**