

# WELCOME !



## YOUR PRE-CONSULTATION INFORMATION

Thank you for visiting Southpaws Specialty Surgery for Animals. The information we request in this form is critical to your pet's health and safety while visiting Southpaws. Just like a human hospital we need information that will help us diagnose your pet's condition and ensure they can safely undergo treatment. If you have completed our admissions form on-line you can skip to the **ADMISSION INFORMATION** section.

---

### Pet And Owner Details

YOUR PET'S NAME

YOUR FIRST NAME

YOUR LAST NAME

PHONE  
NUMBER

MOBILE PHONE  
NUMBER

YOUR EMAIL

YOUR STREET ADDRESS

CITY

STATE (click)

POSTCODE

---

### Your Referring Veterinarian

VETERINARIAN'S NAME

REFERRING VET CLINIC NAME

VET CLINIC LOCATION

---

### Your Pet's Details

BREED

COLOUR / MARKINGS

SEX

DESEXED ?

M

YES

F

NO

MY PET IS A ...

AGE (yrs / mths)

Special Dietary Requirements (please specify)

DOG

CAT

PLEASE LIST THE MAIN SYMPTOMS / DIAGNOSIS DESCRIBED BY YOUR VET

---

## ADMISSION INFORMATION

**Complete the remaining information if your pet is staying for treatment.** Please note - we ask for detailed information to ensure that we can contact you in an emergency and that you are fully informed about payment requirements.

### Pet's Weight and Feeding

We will weigh your pet when he / she is admitted

Weight (kg)

When did your pet last eat ? Date / Time

Approx size of last meal.

---

### Does Your Pet ?

HAVE HEALTH  
INSURANCE ?

NO

YES - insurer and policy number:

HAVE ANY ALLERGIES TO ANY  
MEDICATIONS OR FOOD ?

PLEASE LIST ANY ALLERGIES or ADVERSE REACTIONS TO  
MEDICATIONS OR FOOD

YES

NO

CURRENTLY TAKE ANY  
MEDICATIONS ?

PLEASE LIST ANY  
MEDICATIONS BEING TAKEN

TIME / DAY  
OF LAST  
DOSE ?

TIME / DAY  
OF NEXT  
DOSE ?

YES

NO

PLEASE SPECIFY ANY OTHER MEDICAL CONDITIONS OR PRIOR SURGERIES ?

---

### Emergency Contact Information

YOUR PARTNER'S FIRST AND LAST NAME (if applicable)

PARTNER'S  
PHONE NO.

PARTNER'S  
MOBILE NO.

PREFERRED CONTACT METHOD

Phone

Mobile

Email

SMS

OTHER EMERGENCY CONTACT NAME  
(first and last name, other than you)

OTHER EMERGENCY CONTACT PHONE NUMBER

---

## Approval to Publish

We respect your privacy. We also like to share our achievements. Patient data is used in scientific publications anonymously. We'd like to use your pet's image and details of treatments on the Internet, Facebook and other media free of charge. We only use your pet's name and if you would like, your first name(s). Please indicate your preference here:

Approval to Publish My Pet's Story  
(time permitting)

If yes - would you like your names mentioned with your pet's story ?

Yes

No

No, please don't mention our names

Yes, please mention our names like this:

---

## Payment Terms and Conditions

I agree that I am authorised to decide on and agree to the treatment of this animal "my pet". I understand that Southpaws staff provide initial estimates of consultation fees with final fees determined as a result of treatments required. Typically estimates are within 20% of final fees. If costs exceed estimates I will be called to confirm the treatment decision in advance. A deposit may be required on admission. **I agree to pay the balance of fees due in full at the time services are rendered.** Staged payment options may be offered, but must be discussed, documented and agreed in advance. If the balance is not paid on time, I understand that I am responsible for not only the balance due but any collection and/or legal fees that are incurred in Southpaws attempts to collect this debt. I understand that the GEM Visa (or equivalent financing), arrangements and applications **must be finalised before admission** - and that this typically takes 12-24 hours. I understand that credit cards have dollar limits and to increase my dollar limit may take 24 hours. I understand that Southpaws cannot give advice about my best personal financial options.

PAYMENT BY (please check)

Cash

EFTPOS

GEM Visa or  
Finance

Credit - MasterCard

Credit - Visa

Credit - AMEX

Thank you for choosing Southpaws. We are open

8:00 AM - 6:00 PM Monday - Friday and 8:00 - 12:00 PM Saturdays at 3 Roper St, Moorabbin, Vic.  
Phone: 24 / 7 on (03) 9553 1775. Our Camberwell consulting suites are open by appointment, 9:00 - 5:00 PM, Monday - Friday. Email: [info@southpaws.com.au](mailto:info@southpaws.com.au)

---

## Agreement to Treat My Pet

I agree that I am authorised to decide on and agree to the treatment of this animal "my pet". I authorise the veterinarian(s) on duty at Southpaws Specialty Surgery for Animals (and designated staff) to examine my pet and to administer medical and/or surgical treatment as deemed necessary based on their initial and subsequent findings. I consent to the administration of anaesthesia as necessary. I consent to the transportation of my pet as deemed necessary by Southpaws staff. I understand that no guarantee of successful treatment is made (unless documented separately). I fully understand the authorisation of treatment and the reasons the treatment is considered necessary, as well as the advantages and possible complications. I understand that it is my responsibility to raise any questions I have regarding this treatment at any time during the consultation and hospitalization period, and that Southpaws staff will be happy to answer those questions. I understand that Southpaws staff will endeavour to contact me if my pet's condition changes during hospitalization, especially if a major change in treatment plan is needed, and treatment decisions will be made based upon consultation between Southpaws staff and myself. I also agree that if I cannot be contacted, I authorize Southpaws staff to take steps and measures to best treat my pet in an emergency.

## Signature

I have read, understood and agree to the above Payment Terms and Conditions and the above Agreement to Treat My Pet. This contract is agreed to, by the undersigned.

Name (First / Last)

Signed:

Dated (DD/MM/YEAR):