Roseworthy Veterinary Hospital



DATE:	UEOKI IOT EOD ADMITTIN		27.41
Patient: Owner:	Tel:	ient ID:	<u>кvн</u>
When was the patient las Hendra: Oth	:: e address listed above?	2in1: Strangles	
2a. If yes to the above qualif NO to the above question (Clinician will confirm admit	uestion, is your horse vaccion, contact the Specialist Medionsion under the Hendra Proto	nated against Hendra Virus cine Clinician on Duty, and do col)	? Yes No NOT admit the patient
	ou confirmed this via the H		es 🔛 No
Coughing? Yes No Abnormal temp? Yes Is your animal currently of Does your animal have a kicks, etc) Would you class your pet If No, which level of hand Do you give the RVH per visit? Yes No	No Dia n any medication: Yes _ ny behavioural issues/stable Yes No If Yes as suitable for all levels of ler is required: Beginn mission to send your referri	sal discharge? Yes Norrhoea? Yes Norrhoea? Yes Noe vices we should be aware handlers to work with? er Intermediate mg Veterinarian any medical corrections.	
General Demeanour:	BAR QAR Dull	Faecal Consistency: None Normal Dry and Bally Soft	Semi-formed Cow Pat Diarrhoea Watery Diarrhoea
Nasal Discharge:	Yes No Colour: Consistency:	Pharyngeal Swelling:	Yes No
ASSESSI Does the patient have a r Temperature taken: Y	_ '	N DESIGNATED UNLOAD Microchip Number: Body weigh	

IF ANY ABNORMALITIES OR CONCERNS AT ANY POINT OF ADMISSION, SEEK VETERINARY ADVICE IMMEDIATELY

Roseworthy Veterinary Hospital



PATIENT TEMPERAMENT BEHAVIOUR
ASSESSMENT FORM

DATE OF ADMISSION:

Patient:

	Write your notes in here
Green	
	Write your notes in here
	write your notes in here
Yellow	
	Western and the Labour
	Write your notes in here
Red	





Outpatient Procedure Consent Form

PAR	I A – Owner and I	Patient information					
Pati	ent Name:		Owner Name	9 :			
Pati	ent ID:		Client ID:				
	cies:		Telephone:				
Bree	ed:		Animal ID				
			Microchip/tag	/branding			
Sex			Weight:				
Age	:		PIC #:				
			dmission - When did th	ne patient l	last?		
Eat	or have access to fo	ood?					
Drin	k or have access to	water?					
D 11111	it of flavo access to	mator.					
					_		
a. [Does the patient ha	ve access to any toxins	s?		_ No If yes	please state	
b. H	las the patient bee	n unwell in the past we	ek?	Yes	No If yes	please state	
	5 " " "						
c. [Joes the patient ha	ve any known drug / ar	naestnetic reactions?	Yes _	No If yes	please state	
d. (Current medications	e or supplements:		Yes	No if yes r	please list below	
						JICASC IISI DCIUW	
L	_ist of medications			Frequen		Dosage	
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1. 2. 3.	ist of medications	s or supplements					
1. 2. 3.	ist of medications	s or supplements		Frequen	су	Dosage	
1. 2. 3.	ist of medications	s or supplements	es atment and Procedures	Frequen	су	Dosage	
1. 2. 3.	ist of medications	s or supplements		Frequen	су	Dosage	
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1. 2. 3.	RT C - Consent to t I give consent	reatment & procedure for the provision of Tre	atment and Procedures rocedures, and thus cos	Frequent specified st estimate	below for th	Dosage e patient:	0
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Roseworthy Veterinary Hospital



	and a potentially fatal outco	me. The RVH aims to minim	ise these risks by includ	risk of allergies, anaphylaxis ing any of the following in the
				toring, gas anaesthesia and
_		nduction, surgical monitoring		
7.				ty of Adelaide, RVH, and their
			,	e no liability to me for, and I
		y in respect of, any death, in		
	•	•		and procedures administered
		ction, act or omission on the		
	arises from the gross neglig	jence, wilful misconduct, or i	llegal act or omission of	RVH.
8.	I acknowledge that RVH is a	a teaching hospital of the Un	iversity of Adelaide and	consent to its students being
	involved in the care of the P	Patient in an immediate and o	directly supervised capac	city.
9.	I consent to images (photog	graphic and/or digital) and vic	deo being taken of the Pa	atient and their subsequent
		d, in teaching, research and		·
► ∆	dditional procedures: additi	_		of costs below
	accination (specify):	onar cocto appry and are not	moradod m tho ootimate	01 00010 201011
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				ы.
	liopulmonary Resuscitation		0.110 T	1.116
	e event of respiratory or card		O NOT want resuscitation	
	apy performed. I understand t essful. If I DO want resuscita			
	resentative, the Owner) agree			
	original Cost Estimate. This va			ing therapy, in additional to
	esuscitation Code (Please		iiilaleu cosis oniy).	
	asic: Intubation and Chest co			Resuscitate (DNR)
	dvanced: Intubation, chest co			itesuscitate (DIVIT)
	dvanced. Intubation, chest ce	ompressions and medication	3	
PΔR	T D - Financial Consent			
	T D - Financial Consent	0		
ls yo	ur pet insured? Yes N	0	Policy No.	
ls yo Insu	ur pet insured? Yes N rance provider name:	0	Policy No	
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