



DATE:

CHECKLIST FOR ADMITTING PATIENTS INTO THE RVH

Patient:
Owner:

Patient ID:
Tel:

QUESTIONS

Admission Nurse : _____

Travel time to RVH today: _____

Does the horse live at the address listed above? ☐ Yes ☐ No, residing at _____

When was the patient last vaccinated? Tetanus: _____ 2in1: _____ Strangles: _____

Tetanus Anti-Tox: _____ Hendra: _____ Other:.....

1. Has your pet resided or visited NSW or QLD in the past 30 days? ☐ Yes ☐ No _____

2a. If yes to the above question, is your horse vaccinated against Hendra Virus? ☐ Yes ☐ No

If NO to the above question, contact the Specialist Medicine Clinician on Duty, and do NOT admit the patient (Clinician will confirm admission under the Hendra Protocol)

2b. If yes to 2 (A), have you confirmed this via the Hendra virus register? ☐ Yes ☐ No

General demeanour last 24hrs? ☐ Normal ☐ Abnormal _____

Coughing? ☐ Yes ☐ No

Nasal discharge? ☐ Yes ☐ No

Abnormal temp? ☐ Yes ☐ No

Diarrhoea? ☐ Yes ☐ No

Is your animal currently on any medication: ☐ Yes _____ ☐ No

Does your animal have any behavioural issues/stable vices we should be aware of?(ie: Head shy, bites, kicks, etc) ☐ Yes ☐ No If Yes

Would you class your pet as suitable for all levels of handlers to work with? ☐ Yes ☐ No

If No, which level of handler is required: ☐ Beginner ☐ Intermediate ☐ Experienced

Do you give the RVH permission to send your referring Veterinarian any medical records from today's visit? ☐ Yes ☐ No

ASSESSMENT IN TRANSPORTATION AT RECEPTION

General Demeanour:	<input type="checkbox"/> BAR <input type="checkbox"/> QAR <input type="checkbox"/> Dull	Faecal Consistency:	<input type="checkbox"/> None <input type="checkbox"/> Normal <input type="checkbox"/> Dry and Bally <input type="checkbox"/> Soft	<input type="checkbox"/> Semi-formed <input type="checkbox"/> Cow Pat <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Watery Diarrhoea
Nasal Discharge:	<input type="checkbox"/> Yes <input type="checkbox"/> No Colour: Consistency:	Pharyngeal Swelling:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ASSESSMENT ONCE PATIENT IS IN DESIGNATED UNLOADING AREA

Does the patient have a microchip: ☐ Yes ☐ No

Microchip Number

Temperature taken: ☐ Yes ☐ No

Reading: _____ Body weight (kg): _____

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



**PATIENT TEMPERAMENT BEHAVIOUR
ASSESSMENT FORM**

Client:

DATE OF ADMISSION:

Patient:

Green	Write your notes in here
Yellow	Write your notes in here
Red	Write your notes in here



Procedure & Treatment Consent Form

PART A – Owner and Patient Information			
Patient Name:		Owner Name:	
Patient ID:		Client ID:	
Species:		Telephone:	
Breed:		Animal ID Microchip/tag/branding	
Sex:		Weight:	
Age:		PIC #:	

▶ PART B – Patient Condition at time of admission		
Current diet:		
Last eat or have access to food?		
Last drink or have access to water		
a. Does the patient have access to any toxins	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please state	
b. Has the patient been unwell in the past week	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please state	
c. Does the patient have any known drug / anaesthetic reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please state	
d. Current medications or supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes please list below	
List of medications or supplements	Frequency	Dosage
1.		
2.		
3.		
Personal items left at Owner's Risk		
I acknowledge that RVH does not accept responsibility for the loss and/or damage of any Patient belongings, and that if I leave leads, collars, halters, rugs, food containers or other items with the Patient, I do so at my own risk.		
▶ Items left with the RVH:		

PART C - Consent to treatment & procedures	
1.	▶ I give consent for the provision of Treatment and Procedures specified below for the Patient:
2.	I acknowledge that the Treatment and Procedures, and thus cost estimates, may need to vary in response to changes in the animal's condition or results of diagnostic testing.
3.	I acknowledge that the risks of the course of action described have been explained to me and confirm that I understand and accept those risks.

Cardiopulmonary Resuscitation (CPR)

➤ **Resuscitation Code (Please select box below)**

- ☐ Basic: Intubation and Chest compressions ☐ Do Not Resuscitate (DNR)
- ☐ Advanced: Intubation, chest compressions and medications

Is your pet insured?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Policy No

As the owner/authorised agent, I agree to pay a 50% deposit upon the Patient's admission, and the account in full upon discharge of the patient. *Pet insurance: Payment is required in full at the time of service.*

<input type="checkbox"/> Cash	<input type="checkbox"/> EFTPOS	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Vetpay
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Patient Name:		Owner Name:	
Patient ID:		Client ID:	

PART E – Authorisation

By signing below, I acknowledge the nature of these procedures, including possible complications, may occur and I accept that the success of medical or surgical treatment and aftercare cannot be guaranteed.

I understand, acknowledge and consent to the information provided in this form and the release of information to the parties indicated by me. **I consent RVH to release Patient Information including medical notes and diagnostic information to Receiving Parties, including but not limited to;**

- Insurance Companies
- Referring Veterinarians and Health Care Providers
- Any parties required by law

Any other parties approved by the Owner or Owner's Authorised Agent, evidenced by their written signed consent *or* via verbal consent provided via telephone and certified by RVH staff.

➤ Owner / Agent Name:		➤ Owner / Agent Signature:	
➤ Date:		➤ Telephone:	
➤ Additional contact name and telephone:			