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### CHECKLIST FOR ADMITTING PATIENTS INTO THE RVH

Patient: Owner:	Patient ID: Tel: <u>QUES</u>	STIONS		
Travel time to RVH today:	address listed above?		Strangles:	
2a. If yes to the above qu If NO to the above question	r visited NSW or QLD in the estion, is your horse vacci , contact the Specialist Medi sion under the Hendra Proto	nated against Hendra Viro cine Clinician on Duty, and c	us? Yes No	
2b. If yes to 2 (A), have yo	ou confirmed this via the H	lendra 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 handl	er is required: Beginr	ner 🗌 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:	☐ 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	
ASSESSMENT ONCE PATIENT IS IN DESIGNATED UNLOADING AREA				
Does the patient have a m		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			<b>9</b> :			
Patie	atient ID: Client ID:					
Spec			Telephone:			
Bree			Animal ID			
2.00	<b>.</b>		Microchip/tag	/branding		
Sex:			Weight:	, branang		
GEA.			Weight.			
Age:			PIC #:			
Agc.			110 #.			
► D/	NDT P Potiont C	ondition at time of admission				
	ent diet:	ondition at time of admission				
Curre	ini diet.					
1+		to food0				
Last	eat or have access	3 to 100d?				
Last	drink or have acce	ss to water				
a. D	oes the patient ha	ve access to any toxins		Yes	No If yes	s please state
b. H	as the patient bee	n unwell in the past week		Yes	No If yes	s please state
		'				piones state
c. D	oes the patient ha	ve any known drug / anaesthetic	c reactions	Yes	No If yes	s please state
J	oco aro paaorit na	ve any mierri arag , anaeemen	0 1000110110		_110 II yes	picase state
d. C	urrent medications	s or supplements		Yes	No if yes	please list below
		s or supplements		Frequence		Dosage
1.	ist of illedications	s or supplements		riequeiii	<b>-y</b>	Dosage
١.						
2.						
۷.						
3.						
Э.						
Dava	and items left at	Owner's Risk				
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.						
Itlat if Fleave leads, collars, flatters, rugs, food containers of other items with the Patient, Fdo so at my own risk.						
FIGURE FOR WILL UIG TAVEL.						
DAD	C Consont to t	reatment & procedures				
1.		for the provision of Treatment a	and Dragadura	o appoified	bolow for t	he Detient:
1.	i give consent	. for the provision of Treatment a	and Procedure	s specilled	below for the	ne Pallent.
2.	Lacknowledge th	at the Treatment and Procedure	es, and thus co	st estimate	es. mav nee	ed to vary in response to
		nimal's condition or results of di			,a,oc	
3.		at the risks of the course of acti			explained to	o me and confirm that I
<u> </u>	understand and accept those risks.					



4.	If the Patient is undergoing an arthroscopic, laparoscopic or thoracoscopic procedure, I acknowledge it may be necessary to convert to an open surgical approach at any time.				
5.	I have had the opportunity to discuss the Patient's treatment and course of action recommended by RVH as				
0.	detailed in this Form. I understand the choices available to me, and I consent to the treatment and				
	procedures so described being carried out on the Patient.				
6.	I consent to Further Procedures and Treatments being provided, and to the associated costs, in the event				
0.	that RVH is unable to contact me prior to further delay becoming detrimental to the patients health. Further				
	Treatment and Procedures may include, but are not limited to the provision of CPR, surgical, diagnostic and				
	therapeutic interventions deemed necessary or advisable by RVH since admission.				
7.	In the event of the Patient requiring a blood transfusion, I accept the small risk of certain infectious diseases				
•	being transmitted, which can occur despite precautionary screening of all donor blood.				
8.	I acknowledge that the following procedures may result in unusual or exceptional complications and out				
	comes which include, but are not limited to the following risks which I also understand and accept:				
	· Sedation/Anaesthetic risk: cardiac arrhythmias, myopathy, neuropathy, fracture of limb, trauma or abrasions				
	on recovery, some of which may result in death				
	· All drugs, sedatives, anaesthetics, surgery and other procedures involve some risk of allergies, anaphylaxis				
	and a potentially fatal outcome. The RVH aims to minimise these risks by including any of the following in the				
	patients procedure as required: fluid therapy, pain management, electronic monitoring, gas anaesthesia and trained veterinary staff for induction, surgical monitoring and recovery.				
	• Surgical risk: haemorrhage, surgical site infection, breakdown or failure of surgical site and/or repair				
	· Post-operative complications				
9.	I acknowledge and agree that, to the fullest extent permitted by law, the University of Adelaide, RVH, and				
	their employees, students, agents, contractors, and successors (together, "RVH") have no liability to me for,				
	and I release RVH from all liability in respect of, any death, injury, disability, illness, loss, or damage suffered				
	or sustained by the Patient arising out of or in connection with either the treatment and procedures				
	administered to them by RVH or any direction, act or omission on the part of RVH, except to the extent that				
	such liability arises from the gross negligence, wilful misconduct, or illegal act or omission of RVH.				
10.	I acknowledge that RVH is a teaching hospital of the University of Adelaide and consent to its students being				
10.	involved in the care of the Patient in an immediate and directly supervised capacity.				
11.	• • • • • • • • • • • • • • • • • • • •				
• • •	use, only where de-identified, in teaching, research and / or publication.				
➤ Additional procedures: additional costs apply and are not included in the estimate of costs below					
	accination (specify):				
_	outine Blood Profiling Faecal Egg Count (FEC) Sheath Clean Other:				
	Addition Blood 1 forming Tracocal Egg Count (1 EG) Tracach Cloud Tracach				
Cardi	iopulmonary Resuscitation (CPR)				
	event of respiratory or cardiac arrest, > IDO / DO NOT want resuscitation and life supporting				
	py performed. I understand that life-saving measures will be implemented if consented to, but may not be				
successful. If I DO want resuscitation and life supporting therapy performed, then I (or, if the Owner's Authorised					
Representative, the Owner) agree to pay all costs of that resuscitation and life supporting therapy, in additional to					
the or	riginal Cost Estimate. This varies from \$500 - \$1000 (estimated cost only).				
	esuscitation Code (Please select box below)				
	sic: Intubation and Chest compressions				
Ac	Ivanced: Intubation, chest compressions and medications				
DAD	ΓD – Financial Consent				
	ur pet insured? Yes No				
	ance provider Policy No				
name					
	stimated Costs (\$):				
I agree to the charges in relation to the Treatment and Procedures as described in this form. This is an estimate of					
costs only and does not cover re-visits and/or continued treatment.					
	e owner/authorised agent, I agree to pay a 50% deposit upon the Patient's admission, and the account in full				
	discharge of the patient. Pet insurance: Payment is required in full at the time of service.				
	nate Payment options: Cash EFTPOS Visa Mastercard Vetpay				



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:		