



VETERINARY SURGEONS

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**THE STRAVEN ROAD
VETERINARY
CENTRE (LTD)**

STRAVEN RD. VET CENTRE
8 STRAVEN RD, RICCARTON
CHRISTCHURCH .

Postal address
PO Box 8169, RICCARTON
PH. (03) 348 9728 FAX (03) 348 8012

469 Papanui Road
PH (03) 352 5749, FAX (03) 352 5780

Please complete as much as possible, and sign below (continue any further details on the back of the form if needed).

Your details: Surname: _____ First Name: _____

Address: _____

Today's phone numbers: Home: _____ Work: _____

Mobile: _____ E-mail: _____

Pet's Details: Name: _____ Age: _____ Sex: M / F Neutered: Y / N

What is your pet's problem today? _____

How long has your pet been unwell? _____

Please indicate any symptoms seen and provide details:

Vomiting? Y / N If yes, then how often? _____ food? /bile? / liquid

Diarrhoea? Y / N If yes, then how often? _____ Any blood in stools? Y / N

Pain? Y / N If yes, then where? _____

Excessive thirst? Y / N If yes, for how long? _____

Wounds? Y / N If yes, where and how many? _____

Change in appetite? Y / N If yes, provide details _____

Sneezing ? Y / N Discharge from eyes? Y / N

Coughing? Y / N If yes, for how long? _____

Limping? Y / N If yes, which leg? _____

What does your pet usually eat? _____

Is your pet on any medication? _____

Are your pet's vaccinations up to date? Y / N If No, would you like us to vaccinate today? Y / N

Consent for Anaesthesia and Treatment:

I hereby give permission for the admission of an anaesthetic, sedative, and/ or pain medication to the above-mentioned animal and to treatment and/ or any necessary surgical operation or procedure which in the opinion of the responsible veterinary surgeon might prove necessary. I understand that all anaesthetic techniques and surgical procedures involve some risk to the animal. I authorise the clinic to treat my animal as required, and understand that they will attempt to advise me before any such procedure is undertaken. However, in the event the veterinary surgery cannot reach me, I agree to them beginning treatment as needed. I agree to pay the full fee at the time of discharge.

Signature of Owner: _____ Date: _____