

Patient No:

UQ Veterinary Medical Centre

OWNER DECLARATION

Current/previous Veterinarian:

Is this a referral? Yes No

Referring Veterinarian's name:

Is your pet insured? Yes No

Insurer's name:

OWNER'S DETAILS

Title: Surname: Full given name:

Residential address:

Suburb: State: Postcode:

Postal address (if different from above):

Phone number (home): Work:

Mobile number 1: Mobile number 2:

Email address:

ANIMAL'S DETAILS

Name of pet:

Species: Dog Cat Bird Reptile Rodent Other

Breed: Colour:

Sex: Male Female Desexed: Yes No Date of birth (or approximate age):

Microchipped: Yes No Microchip #:

I AM ENTITLED TO:

Aged care/invalid pensioner discount. Card#	5%	Vet school staff discount. Staff Card#:	25%
UQ Staff/Student (non-vet school SVS) discount Staff/Student card#:	5%	Vet School students discount. Student card #:	25%

Card number and expiry date required if claiming a discount. Discounts may change without notice.

UQ Veterinary Medical Centre

OWNER DECLARATION continued.

I agree to pay all amounts due on completion of my consultation.

If my animal is hospitalised I agree to pay 50% of the estimate at the time of admission of my pet and pay the balance due on discharge.

I acknowledge and accept that, on receipt by me of notification from the UQ Veterinary Medical Centre that my animal(s) is/are available for collection as a result of having been discharged post treatment/ care (if any), it is my responsibility to arrange for prompt pick up/collection of the animal(s) together with prompt payment of all outstanding fees due to the Centre, failing which I agree that subsequent fees shall be incurred by me. I agree that failure by me to discharge all outstanding fees due to the Centre, within 14 days of receipt by me of written notice from the Centre seeking payment within 14 days, may result in the Centre recovering any outstanding payment from me as a debt.

I consent to the UQ Veterinary Medical Centre forwarding any relevant history/information to my current/previous Veterinarian/referring Veterinarian and or my pet insurance company.

I acknowledge that all rights in copyright of all records, including but not limited to, radiographs, photographs, videos, telemedicine recordings and samples made on my behalf by the University shall remain the property of the University of Queensland.

I consent for records including but not limited to radiographs, photographs, videos, telemedicine recordings and samples made on my behalf, to be used in a confidential manner for the purpose of research and teaching to the benefit of animal health / welfare and student education. You may withdraw permission to use this information at any time in writing.

Please confirm consent by ticking one of the following - YES NO

The University of Queensland collects the information on this form to enable the Hospital to generate an individual file, record patient history and treatment. The University will also use this information to keep in touch with you regarding changes to our services, events, campaigns and appeals (and you can opt out of these communications at any time).

The University will not disclose the information to a third party without your consent, unless such disclosure is authorised or required by law.

For further information, please refer to the University's Privacy Management Policy (ppl.app.uq.edu.au/content/1.60.02-privacy-management) If you wish to seek access to your personal information, please contact the Right to Information and Privacy Coordinator at: rtip@uq.edu.au.

I understand that ALL animals need to be restrained at all times. Dogs must be on a leash; cats must be in a carry cage; birds must be in a cage; reptiles and other animals must be in a suitable container (cage, bag, etc.). This is for their safety and the safety of others.

I hereby certify I am eighteen years of age and that I have read and understood the terms and conditions expressed above and by affixing my signature hereto agree to be bound by same in law.

Signature of Owner/Agent:

Date:



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OF QUEENSLAND**
AUSTRALIA

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