

STAFF:

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INFORMED CONSENT TO SURGERY / HOSPITALISATION / TREATMENT

- I. I the undersigned, an adult major, hereby authorise the veterinarians and staff of this veterinary facility to perform any reasonable treatment / anaesthesia and surgery they may deem necessary, including further or alternative measures as may be necessary during the course of the surgery and/or treatment of my animal.
- 2. I recognise that there is some degree of risk attached to any medical or surgical procedure or treatment. I have discussed any concerns I may have with the Veterinarian. I hereby absolve the veterinarians, staff and facility from all actions, arising directly or indirectly from the treatment/anaesthetic/surgery/hospitalisation.
- 3. I am aware that this veterinary facility does not provide 24-hour per day on-site monitoring of patients. Should I wish to have my pet monitored 24 hours per day while hospitalised, I will make arrangements with the staff of this facility.
- 4. I undertake to keep in daily contact to enable the staff to inform me of the progress, costs incurred, and additional treatment involved, of my hospitalised animal.

6. I accept that this practice does not work on an account basis unless prior arrangements

5. I acknowledge that I have read these conditions and hold myself bound thereto.

regarding payment terms have been made, and that full settlement is expected at time of patient discharge.
Pre-Anaesthetic blood testing (Please tick applicable block):
I, the undersigned, hereby give consent to the below mentioned procedure
I have discussed all my concerns about this procedure with the veterinarian(s) and hereby provide my informed consent for the surgery on the pet described. I hereby indemnify the veterinarian and staff of this clinic against any claims of whatsoever nature following from or related to the surgery or anaesthesia of the pet described.
OWNER / AGENT DETAILS:
Mr/Mrs/Miss/Dr Name Surname:
Daytime contact number: Client code: PATIENT DETAILS:
Name of Pet:
SIGNED:DATE: