



INFORMED CONSENT TO SURGERY

Filed by:

Details of the Owner/Person responsible for the account *(delete whichever is not applicable)*

Surname:		Title:	
Full names:			
ID number:			
Physical address (Residential):			
Email address:			
Cell phone number:	0		
Alternate contact nr:	0		

Pet information:

Name:		Age/ Birth date:	
Pet weight:		Is your pet on any medication? If so, please specify.	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Breed:	
Preliminary diagnosis:			
Estimated costs: R_____ (Costs may vary substantially due to unforeseen circumstances).			
Do you have pet medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, with?	

- 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.
- I hereby authorise the veterinarians and staff of this veterinary facility, using their own transport, to transport my pet between clinics or to a specialist or to any other facility as may be required. I hereby absolve the veterinarians, staff and this facility from all actions, arising directly or indirectly from the transport of my pet.
- I am aware that this veterinary facility does not provide 24-hour per day 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.
- 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.
- 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 this facility from all actions, arising directly or indirectly from the treatment / anaesthetic / surgery.
- In the event of any grievance or dispute with this veterinary facility or its veterinarians, I undertake to enter into and complete the VDA's free Alternate Dispute Resolution process, before resorting to any other action or remedy.
- I acknowledge that it may become apparent and necessary during any dental procedure to extract teeth. In some cases, this might lead to the removal of many or all teeth, at the sole discretion of the veterinarians and staff of this facility.
- I acknowledge that this facility is not party to my arrangement with my pet insurer and that no obligations whatsoever are placed on this facility. This facility will not deal with or provide information to pet insurers. I am solely responsible for payment of veterinary fees to this facility and I hereby absolve this facility from all actions, arising directly or indirectly from my pet insurance arrangement.
- This facility will not provide any opinions, reports, certificates, comments, recordings or copies of clinical notes to any person for any purpose, under any circumstances.
- Chase Valley Veterinary Clinic is a FLEA FREE zone, and should a large amount of fleas be seen on your animal, we will administer flea treatment at an extra charge.

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

Signature: _____ Date: _____

Witness 1: _____ Place: Pietermaritzburg