

1. I, the undersigned, an adult major, have been advised of various treatment options for my pet's condition and I agree to the treatment(s) listed below. I, the undersigned, 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 treatment and/or surgery 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 this facility from all actions, arising directly or indirectly from the treatment / anaesthetic / surgery.
3. I will inform Dr Kerr of any changes in my pet's condition and of any changes to medication or supplements. I understand that any of these changes may affect the type and duration of treatment. I will inform Dr Kerr if my pet is receiving treatment elsewhere. I give permission for Dr Kerr to exchange information with my veterinary practice about my pet's condition and to take photos or videos. I undertake to follow Dr Kerr's advice and home treatment plan. I understand that certain conditions cannot be cured and require lifelong management. I understand that the goal is to achieve the best possible function/recovery for my pet but I also understand that the outcome cannot be guaranteed.
4. I understand that as part of the multimodal approach to pain management, off-label medications may be prescribed for my pet. I, the undersigned, hereby
  - a. Understand that there are often no suitable products that are specifically registered in South Africa for use in a particular species of animal or for a particular medical condition in that species of animal.
  - b. Understand that, in order for my veterinarian to be in a position to treat my animal, he/she may have to resort to using or advising the use of products registered for use only in other species, including human beings, and/or products registered for another purpose.
  - c. Understand that treatment with the products described below will mean that my veterinarian will be using or advising the use of such products on my animal outside of the recommendations or even in contradiction with the recommendations contained in the package insert relating to the registration of that product (i.e. "off-label").
  - d. Accept that there may be known or unknown side-effects and adverse consequences associated with the use of these products under these circumstances, have apprised myself of these risks and unconditionally accept the risks related thereto.
  - e. I unconditionally indemnify the veterinarians of this facility, the facility and the staff of the facility against any claim of whatsoever nature arising from any side-effects or adverse consequences or any damages that arise from the use of the products described below.
5. 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.
6. 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 pet.
7. I acknowledge that your account is payable upon presentation.
8. I am aware that I may request an estimate of the costs involved, and that interest will be charged on overdue accounts from 30 days after presentation of the first account.
9. I acknowledge that I am indebted to the above practice for veterinary treatment, services rendered and expenses incurred therewith and hereby render myself responsible for all costs, telephone calls and legal expenses, as between attorney and own client, including collection charges that may be incurred in the recovery of the outstanding amount.
10. 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.
11. I acknowledge that I have read these conditions and hold myself bound thereto.

**SIGNATURE:** \_\_\_\_\_

**INFORMED CONSENT TO TREATMENT**  
**- ACUPUNCTURE / PHYSICAL REHABILITATION / PAIN MANAGEMENT / VETERINARY CHIROPRACTIC / LASER / EXERCISE / CONDITIONING**

NAME OF PET: .....

AGE: ..... SEX: ..... BREED: .....

ENVISAGED PROCEDURE: .....

Physical rehabilitation  Acupuncture  Pain management  Veterinary Chiropractic  Laser  
 Exercise/Conditioning

PRODUCTS: Tramadol, Gabapentin, Amantadine, Paracetamol/Codeine, Traumeel, Zeel

HAS YOUR PET SHOWN ANY UNUSUAL SYMPTOMS: YES / NO  
IF YES, PLEASE GIVE A BRIEF DESCRIPTION OF ANY ABNORMALITIES

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ESTIMATE OF THE COSTS FOR TREATMENT: .....

PACKAGES OF 6 AND 10 ACUPUNCTURE OR REHAB SESSIONS ARE OFFERED. I UNDERSTAND THAT THE PACKAGE SESSION IS AT A DISCOUNTED RATE COMPARED TO INDIVIDUAL SESSIONS. I UNDERSTAND THAT PACKAGES EXCLUDE LASER TREATMENT, ACUPUNCTURE NEEDLES, MEDICATIONS, SUPPLEMENTS AND HERBAL/HOMEOPATHIC TREATMENTS.

IN ORDER TO ASSIST US WITH ADMIN, PLEASE CIRCLE THE APPROPRIATE METHOD OF PAYMENT:  
CASH/CARD/CHEQUE/TRANSFER (Clients settling by EFT are requested to provide proof of payment upon discharge)

FULL NAME OF OWNER / LEGAL AGENT:

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ID NUMBER: .....

HOME TEL: ..... WORK TEL: .....

CELL: .....

EMAIL ADDRESS: .....

SIGNED: ..... DATE: .....

WITNESS: ..... DATE: .....