

**INFORMED CONSENT TO TREATMENT**

1. 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 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 this facility from all actions, arising directly or indirectly from the treatment / anaesthetic / surgery.
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.
5. I acknowledge that a quote cannot be provided, and that I have been provided with an estimate for an average procedure, but the final cost may vary substantially and be significantly higher than discussed because of the particular factors that may be encountered as the procedure unfolds. I agree to settle the final bill in full upon request or discharge, whichever is earlier. I am aware that interest will be charged on overdue accounts from 30 days after presentation of the first account.
6. 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.
7. While the veterinarians at this facility provide diagnosis, treatment and prognosis to the best of their ability, economic constraints prevent these from being made with all the necessary information available. Consequently, the vets will not be liable for any consequences arising from incorrect diagnosis, treatment or prognosis.
8. In the event of any grievance or dispute with this veterinary facility or its veterinarians, I undertake to voice my concern or grievance in writing to the practice principal before resorting to any other action or remedies.
9. 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.
10. 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.
11. 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.
12. I acknowledge that I have read these conditions and hold myself bound thereto.

**SIGNED: .....**

**SOUTHERN CROSS VETERINARY CLINIC**  
**8 Salisbury Avenue, Mill Park 0413734243 www.scvc.co.za**

**NAME OF PET:** .....

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

**ENVISAGED PROCEDURE:** .....

IT IS ADVISABLE THAT ALL SENIOR PETS (7 YEARS OF AGE AND OLDER) UNDERGO A PRE-ANAESTHETIC BLOOD TEST. COST OF BLOOD TEST IS: +/- R950. **YES / NO**

AN ADDITIONAL FEE OF R450 IS APPLICABLE FOR SENIOR PETS SO THAT WE CAN USE A DRIP DURING THE OP.

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:** .....

**(Costs may vary substantially due to unforeseen circumstances)**

A PAYMENT PLAN MAY ONLY BE NEGOTIATED FOR ACCOUNTS EXCEEDING R4000.

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:** .....

**PHYSICAL ADDRESS**

**POSTAL ADDRESS**

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**HOME TEL:** .....

**WORK TEL:** .....

**CELL:** .....

**EMAIL:** .....

**SIGNED:** .....

**DATE:** .....

**WITNESS:** .....

**DATE:** .....