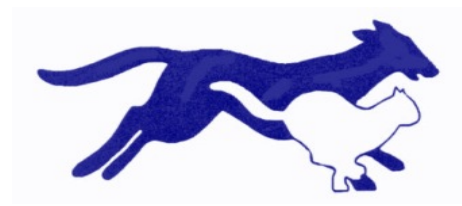


Procedure Consent Form

Marshall & Pringle PetMed Kaiapoi



Personal Details

Name:

I am the Owner / Authorised Agent **(please tick one)** of the animal described below.

Contact phone number for today:

Address:

E-mail address:

Animal Details

Animal (patient) name: Breed:

Weight (kg): Age:

Was he/she fed today? Yes / No ; If yes, when.....

Is he/she on any Medication? Yes / No ; If yes, please list.....

Diet:

Consent for Procedures and Treatments

Procedures and/or treatments consented to be done (Clinic to fill out):

- Anaesthesia / Sedation
- Diagnostic tests e.g.: Radiography (x-rays) ; Blood tests ; Urine tests ; Blood pressure ; Electrocardiogram (ECG) ; Fine needle Aspirate (FNA)
- Supportive Treatments e.g.: Fluid therapy ; Medications including pain relief ; Assisted feeding ; Wound dressing
- Dentistry with extractions if required:
- Surgical procedures:
- Other:

Staff ID:

Elective or additional services (please tick one or other):

- Pre- anaesthetic Blood test: Yes / No **(recommended for all patients 8 years old or over)**
- Elective Intravenous fluids (drip): Yes / No / NA **(recommend for elderly or compromised animals, and longer procedures)**
- Electrocardiogram: Yes / No
- Micro-chip placement **(recommend for all pets):** Yes / No
New Zealand Companion Animal Register (NZCAR) **(recommend for all pets):** Yes / No
- Vaccination: Yes / No
- Nail Trim: Yes / No

Consent for Marshall and Pringle PetMed Kaiapoi to use this case on the clinic's Facebook page:

Yes / No

(your privacy will be respected and personal details will be not be disclosed)

Acknowledgement of risks and commitments

Please read and tick that you understand and acknowledge the following points. If you do not understand any points then ask one of our friendly staff.

- I have read, understood, and consent to the performance of the procedures or treatments identified in the consent for procedure and treatment section above
- The procedures/treatments, together with the expected outcomes, possible risks and potential complications have been explained to me to my satisfaction
- I understand that all procedures and treatments may result in unexpected complications or outcomes
- The estimated fees (excluding costs for unexpected complications) have been explained to my satisfaction.....
- I acknowledge that in the unlikely event of an emergency, immediate lifesaving intervention may be required; and I authorise the practice to take every reasonable action to control and rectify the problem and acknowledge that they will inform me as soon as feasible
- I understand I will be responsible for all additional costs related to the treatment of any complications that occur either during or following the procedure
- I understand that not all conditions are able to be cured, and that ongoing treatments or further procedures may be required
- I understand that all fees are to be paid at the time my pet is discharged from the clinic
- I have the authority to sign this consent, and I am over 16 years of age

Signed:

Date: