

INFORMED CONSENT TO TREATMENT

Client ID: {ID}

1. 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 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.
3. 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.
4. I recognise that there is some degree of risk, including death, 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.
5. I agree to pay all costs associated with treatment regardless of outcome prior to the discharge from hospital of my animal. In the event of non payment I understand and consent to any legal means or action being taken to recover outstanding monies. I am liable for all additional costs - legal or otherwise - for recovery of any outstanding monies.
6. I accept that I am fully accountable for my pet licking out stitches after surgery; that I will be responsible for all professional fees related to the wound being repaired, including anesthetic, surgery, hospital and after hours fees, and accept that I have no claim of any nature against this facility or its staff in this event. I understand that an elizabethan collar will assist in preventing my animal from being able to lick the wound, **but have declined to fit one to my pet (delete if not applicable)**. I understand that it will take a period for my pet to adjust to wearing the collar and that removing it at any time will place the wound at risk.
7. 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.
8. I understand and accept that all clinical notes are the sole property of AVH and that neither I, nor any pet insurance company have any rights to these; that AVH are not obliged to provide reports to any third party; that there will be a fee payable for any reports provided and that if I wish to make use of pet insurance that I will preserve invoices for veterinary care for presentation to the insurer
9. I acknowledge that I have read these conditions and hold myself bound thereto.

NAME OF PET: _____

AGE: _____ SEX: _____ BREED: _____ WEIGHT: _____

PRELIMINARY DIAGNOSIS / PROCEDURE _____

ESTIMATED COSTS: \$ _____ (Costs may vary substantially due to unforeseen circumstances).

FULL NAME OF OWNER/PERSON RESPONSIBLE FOR ACCOUNT (delete whichever not applicable)

NAME: _____

HOME TEL.: _____ WORK TEL.: _____ MOBILE: _____

(Would you like text message sent to your mobile to notify you when your pet is ready for collection? YES / NO)

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

_____ E-MAIL: _____

Does your pet have any pre-existing medical conditions? _____

Is your pet on any medications? _____

I will be paying my account at discharge by CASH [] EFTPOS [] CREDIT CARD []

SIGNED: _____ DATE: _____

WITNESS: _____

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APPLECROSS VETERINARY HOSPITAL



Leaving your pet with someone overnight can be very worrying. However, when your pet spends the night at the Applecross Veterinary Hospital we ensure that they receive both the best medical care and our love and affection. The following information may answer any concerns that you may have.

Does someone look after my pet during the night?

We have experienced veterinary lay staff living on the premises. They will monitor your pet according to the treatment plan determined by your veterinarian. A veterinarian is on call and will attend to your pet if necessary.

What if my pet's condition changes?

If your pet's condition changes we will endeavour to contact you as soon as is practicable.

When do I get updates on my pet's progress?

Our veterinarians conduct 'hospital rounds' between 8am and 10am. This is when your pet's progress is assessed. The veterinarian will then telephone you and provide you with a clinical update. This is your opportunity to speak to the veterinarian personally about your pet's condition.

We ask that you do not phone the hospital before 10am as the vets are doing hospital rounds and are therefore unable to speak to you. They will contact you. (Please make sure that we have the best number to contact you on between 9:00am and 11:00am.)

You are welcome to call the hospital on 9364 7666 for further updates after 10am. Our veterinarians will be consulting or in surgery so one of our veterinary nurses will update on your pet's progress.

Can I visit my pet?

You can only visit your pet in the afternoons and only by appointment. Please telephone if you wish to organise a time to visit. Visits must be during normal clinic opening hours only.

My pet needs a special diet

If your pet needs a special diet please inform us and we will meet their needs.

When do I pay the account?

Accounts must be paid in full before the animal is discharged. Unfortunately we do not offer credit facilities.

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