

FLORIDA VETERINARY HOSPITAL INFORMED CONSENT TO TREATMENT

1. I, the undersigned, hereby authorize the veterinarians and staff of this veterinary facility to perform any reasonable treatment/anesthesia and surgery they may deem necessary, including further or alternative measures as may be necessary during the course of surgery and/or treatment of my animal.
2. I am fully **AWARE OF THE REASONABLE RISKS** involved with this procedure and treatment and indemnify the veterinarians, staff and clinic against any claim for damages of whatsoever nature arising out of this procedure and treatment. The use of modern anaesthetic techniques minimizes the risk, however, I understand that all anaesthetic procedures carry a degree of risk.
3. I understand that, under medical emergency circumstances (Including general treatment of exotic pets), it may be necessary to give medication which is unlicensed for animal use and give consent to use such drugs where necessary.
4. I am aware **THAT THIS VETERINARY FACILITY DOES NOT PROVIDE 24 HOUR PER DAY VETERINARY 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.
5. I undertake to keep in daily contact to enable the staff to inform me of the progress, costs involved, and additional treatment involved of my hospitalised animal.
6. **ACKNOWLEDGE THAT MY ACCOUNT IS PAYABLE UPON PRESENTATION.**
7. I confirm that I am **AWARE OF THE EXTENT AND APPROXIMATE COSTS INVOLVED.** I also understand that it is often not possible to accurately estimate total cost as additional treatments may become necessary. Should the estimate increase, the hospital will endeavour to contact you, however should this not be possible, we will proceed in a manner which is in the best interest of the patient.
8. **ACKNOWLEDGE THAT A DEPOSIT OF 80 % OF THE ESTIMATED COSTS, IS REQUIRED UPON ADMISSION OF MY PET.**
9. I confirm that my pet is **UP TO DATE WITH ITS VACCINATIONS.** If not, I absolve Florida Veterinary Hospital of any responsibility should my pet contract any infectious diseases covered by vaccination.
10. 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.
11. I agree that in the event that this matter is handed over to your Attorneys for collection, I irrevocably agree to pay for all costs on an Attorney and Client scale, collection commission (including the costs and collection commission of any correspondent Attorney employed by your Attorneys in connection therewith).
12. I hereby choose the Residential Address referred to below as my *domicilli citandi et executandi*.
13. I irrevocably consent to an Emoluments Attachment Order being issued against my current or future Employers and do further undertake to pay any commission which my Employers are entitled to deduct.
14. I irrevocably consent to the jurisdiction of the Roodepoort Magistrate's Court or the Small Claims Court having jurisdiction at this address and that all performance took place within the jurisdiction of these Courts.
15. I acknowledge that Florida Veterinary hospital is not responsible for any belongings left with my pet, whilst in the hospital.
16. I hereby consent and authorise my veterinary surgeon and his/her practice to share and authorise any other veterinary surgeon to access; my account payment information and history with UMBRELLA THORN DATA (PTY) LTD herein after referred to as UTD, on their website known as www.umbrellathorn.co.za to clients of their service. I understand and acknowledge that the purpose of sharing my account information is to ensure that persons who have a history of the non-payment of veterinary accounts will not be treated by any clients of the service. The refusal of treatment due to the non-payment of accounts will include, but not be limited to, the refusal of administering any emergency and/or after-hours treatment required by my animal. I unconditionally indemnify UTD and its clients against any loss, liability or damage of whatsoever nature (whether direct, indirect or consequential) that may result from the sharing of / accessing of my account information in this regard, including but not limited to the death of my animal due to the refusal of any veterinarian from treating the animal because of my negative account history (if applicable).
17. *******I UNDERSTAND THAT FULL PAYMENT IS DUE ON COLLECTION OF MY PET*******
18. I acknowledge that I have read these conditions and hold myself bound thereto.

Pet Name:	Weight:	Age:	Sex:	Breed	Colour
Full Name Of Owner/ Person Responsible For Account:					
Id No:		Contact Number:		Another Cell:	
Residential Address:				E-Mail:	

Provisional Diagnosis / Planned Procedure:		
Estimated Cost:		
<input type="checkbox"/> R1000 – R2000	<input type="checkbox"/> R2000 – R3000	<input type="checkbox"/> R3000 – R4000
<input type="checkbox"/> R4000 – R6000	<input type="checkbox"/> R6000-R8000	<input type="checkbox"/> R8000 – R10000
<input type="checkbox"/> R10000 - R15000		
Signed - Owner:	Signed - Vet:	Date:

Pet Name: «PatientName» «Surname»

Weight: «FormattedWeight»

Pre – Meds:	<input type="checkbox"/> Morphine ____ml <input type="checkbox"/> ACP ____ml <input type="checkbox"/> Domitor____ml <input type="checkbox"/> Metacam____ml <input type="checkbox"/> Temgesic____ml <input type="checkbox"/> Valium____ml <input type="checkbox"/> Rimadyl____ml	Other:
Bloods:	<input type="checkbox"/> Pre-GA <input type="checkbox"/> GHP <input type="checkbox"/> Electrolytes <input type="checkbox"/> Blood glucose <input type="checkbox"/> Blood smear <input type="checkbox"/> PCV & TSP	Other:
Procedures:		
TGH Meds:		