

INFORMED CONSENT FOR VETERINARY MEDICAL PRODUCTS AND PROCEDURES

By requiring you to read and sign this important paper we are fulfilling our obligation to certify we have done our part to inform you about risks and benefits of procedures we recommend or products we sell or dispense. We always welcome pet owner inquiries about the pet's health care. Please read this carefully and ask us any questions you have about your pet's health and safety while under the care of the staff at All Creatures Veterinary Clinic (ACVC).

I understand I am under no obligation to obtain services provided by ACVC. I understand that there are a number of other local veterinary care facilities at which I can obtain veterinary services and products, including veterinary specialists.

I understand ACVC will, and often does, recommend advanced, specialized veterinary care if a patient presents with a complex problem best served by specialized veterinary medical or surgical care.

I understand any time a medication, vaccine, flea/tick preventative or other topical or oral medication is administered there is a very slight... but real... risk the pet could have an adverse reaction to the product. I will immediately report any severe adverse or unexpected reaction in my pet to ACVC.

I understand some procedures such as surgery, radiography ("taking x-rays"), or restraint for minor procedures may require the use of tranquilizers, sedation, light general or deeper anesthesia. Furthermore, I have been informed there can be unexpected adverse events resulting from these drugs. The adverse events can range from subtle or mild to extensive and life-threatening. For example, I understand any sedation or anesthetic agent could create abnormal heart rhythms, rapid changes in blood pressure or unexpected suppression of respiration. I understand in each unique administration of any drug ACVC takes due diligence visually and/or via instrument monitoring of the patient and has ready access to emergency medications and fluids that may be needed to counteract an adverse event.

In veterinary and human medicine I understand there exists no perfect methodology in performing surgery or prescribing medications and no guarantee can be made that the outcome of a surgical procedure or medication administered will be totally successful. What ACVC can guarantee is that each member of the staff will manage each patient to the best of their ability.

I understand that I must do my part in following the doctor's medical and post-operative directions.

I understand I should contact ACVC as soon as reasonable if I have questions about my pet's medications, directions for use of medications, post-operative care, anticipated recovery times, or other issues resulting from my pet's health care at ACVC.

Because each patient is unique and no two surgical or medical interactions are identical I understand estimates for medical and surgical services are *estimates* or *ranges* for costs incurred.

I understand fees incurred for my requested services need to be paid at the time service is rendered unless prior alternative arrangements are made.

NOTES: _____

Signed by pet owner: _____ Date: _____

Signed by ACVC staff member: _____ Date: _____

I understand that anesthetic and surgical, diagnostic or therapeutic procedures may involve risk of complications, injury, or even death, from both known and unknown causes and no warranty or guarantee can be made as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of

my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered by ACVC.

My signature below acknowledges that (1.) I have read and agreed with the above. (2.) The procedure(s) have been explained to my satisfaction and (3.) I have had the chance to ask questions, and (4.) I authorize and consent to the performance of my requested procedure(s) and the administration of anesthesia and (5.) I have been offered elective baseline or diagnostic lab tests and have either accepted or declined. (6.) I also understand that due to age, chronic medical condition or acute illness some diagnostics may be **required** prior to any procedure involving sedation or general anesthesia and fluid therapy may need to be administered during the procedure.

Date	Patient	Procedure	Owner or authorized agent's signature	Doctor's initials	Elective bloodwork
					Y/ N
					Y/ N
					Y/ N