

CONSENT FOR VETERINARY TREATMENT

Please fill in required fields as marked * After filling in form email to Surgery / ICU: vethospital@willinga.com.au

DATE: _____

ADMISSION DETAILS

OWNER

* NAME: _____

* ADDRESS: _____

* PHONE (W): _____

* MOBILE: _____

* EMAIL: _____

* INSURANCE: _____

* STUD / STABLE: _____

* PREFERRED COMMUNICATION METHOD: _____

* TETANUS VACC: YES NO DATE: _____

* HENDRA VACC: YES NO DATE: _____

HORSE

* NAME: _____

SIRE: _____

DAM: _____

* DOB / YEAR: _____ *SEX: _____

COLOUR: _____ * BRANDS: _____

* MICROCHIP: _____

EXAM REQUESTED BY: _____

* PROCEDURE REQUESTED: _____

ESTIMATED PROCEDURE COST: \$ _____

ESTIMATED POST-OP / ICU COST: \$ _____

HISTORY / PREVIOUS DIAGNOSTICS / REASON FOR REFERRAL

DRUG	DOSE	DOSE FREQUENCY

ACCEPTANCE OF RISK

I have had the opportunity to discuss the procedure proposed, including post-operative treatment and prognosis. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed treatment and that I have been given sufficient time and information to make an informed decision.

I agree to indemnify the attending veterinarians, their assistants, employees and agents for any loss or liability that they may incur as a result of any inaccuracy or complications, whether intended or otherwise, arising from the information provided by me in this consent form.

PAYMENT OF COSTS

I have been provided with an estimate of the veterinary and associated fees relevant to the proposed procedure to which I am consenting. I understand that, if possible, the veterinary surgeon will attempt to inform me if the proposed fees are likely to exceed that estimate.

I agree to pay all charges incurred in relation to the animal, the procedure and any pre and post operative care.

I accept the risks and consent to the procedure and have read and understand the above terms and conditions and the WVS Terms and Conditions at willingapark.com.au/vet-hospital/admission-and-other-forms and agree to abide by them.

* SIGNED: (OWNER / AUTHORISED AGENT) _____

VERBAL CONSENT / AUTHORISATION ON BEHALF OF: _____

* DATE: _____

** SIGNED: (OWNER / AUTHORISED AGENT) _____

* Note: no surgical procedures will take place without a consent signature.

** If signed by an agent of the owner, the agent warrants that he or she has full authority from the owner to provide the consent and the information contained in this form.