CONSENT FOR GENERAL ANAESTHESIA & MAGNETIC RESONANCE IMAGING (MRI) PROCEDURE

I am the owner of/agent for the owner of the patient.

I understand the veterinary team at Willinga Vet Hospital has determined that a magnetic resonance imaging (MRI) procedure would be of assistance in treating the patient and I have chosen the MRI procedure to be performed by Willinga Vet Hospital or, if acting as the agent of the owner, I have the express authority of the owner to make this choice.

The reasons for this procedure, advantages and possible complications have been discussed with me.

I understand that:

- general anaesthesia is required to perform an MRI procedure at Willinga Park Vet Hospital and that general anaesthetic will be administered to the patient prior to the procedure;
- some MRI procedures may, if determined by the veterinary surgeon, require the use of contrast to add additional information to the
 results. Contrast is a clear fluid called Iohexol (Omnipaque) that is administered through a small needle placed in the patient's vein.
 The purpose is to make the normal or abnormal areas in the patient's body more visible which improves the veterinary surgeon's
 ability to correctly diagnose a problem. Although it is very safe and rarely produces an allergic reaction, I understand the occurrence
 of an allergic reaction to a contrast agent cannot be completely excluded; and
- MRI procedures require that the shoes and nails be removed from all feet of the patient, that all shoes and nails will be carefully removed and that radiographs will be taken to ensure no metal is left in any of the feet of the patient.

With full understanding of the above, I authorise:

- the MRI procedure for the patient;
- the administration of contrast agents; and
- the administration of any sedative or anaesthetic deemed advisable or necessary for the MRI procedure,
- and agree to bear the costs associated with this treatment.
- In the event that emergency or lifesaving procedures be deemed necessary by the attending veterinary team due to any unexpected life-threatening emergency associated with the MRI procedure, I consent to these procedures and any additional costs.

OWNER/AGENT CONSENT

PATIENT NAME:

MOBILE NUMBER:

OWNER/AGENT NAME:

OWNER/AGENT EMAIL ADDRESS:

OWNER/AGENT ADDRESS:

DATE:

COST ESTIMATE:

I hereby declare that I have read and understood the information in the sheet.

I consent to the procedure being carried out on my mare.

I acknowledge and accept the WVS Terms and Conditions at willingapark.com.au/vet-hospital/admission-and-other-forms

By signing this contract, I warrant that I am the true and lawful owner of the mare or if not the owner, then I have the actual authority to act as the owner's agent for purposing of entering into this contract and to make any and all decisions regarding the animal and its veterinary care.

I agree that I will be fully responsible for all charges incurred under this contract and that I will indemnify, defend and hold harmless Willinga Park Vet Hospital from any and all claims, of every kind and nature, arising as a result of or in connection with this contract (including any claim that such person lacked the right or authority to execute the contract on behalf of the true owner).

SIGNATURE:

DATE:

