

TransCanada Pet Wellness Clinic

Informed Consent Form for Medical and/or Surgical Treatment

5111 Bowness Rd NW  tcpetwellness@shaw.ca

Owner or Owner's Agent Name:

Pet's name(s): _____

Treatments: _____

I give voluntary and informed consent to TransCanada Pet Wellness Clinic for my pet to undergo the treatments and services mentioned above.

The best phone numbers at which I can be reached are:

_____.

A veterinary team member will contact you while your pet is in our care. You are always welcome to contact our practice if you have questions or concerns. In the event you cannot be reached, please list an emergency contact name and telephone number who is authorized to make medical, surgical and financial decisions about your pet's care.

Emergency Contact: _____

Emergency Number: () _____.

SURGERY PATIENTS: For his/her safety, TransCanada Pet Wellness Clinic requires pre-anesthetic blood work for a patient prior to sedation or anesthesia.

Date of preoperative blood work: _____.

TransCanada Pet Wellness Clinic requires your pet to be fasted prior to anesthesia. No food or medications should be given after 9 pm the previous evening, and no water should be given after midnight. No food, water or medication (unless specifically directed otherwise) may be given on the morning of surgery.

My pet last ate at: _____. My pet last had access to water at:_____.

Does your pet have a history of seizures? _____ Y _____ N

If yes, when and frequency _____

Has your pet developed any new health concerns since you last spoke to the veterinarian?

_____ Y _____ N

If yes, please explain: _____

List any medications your pet is currently taking: o

_____ Last given: _____ o

_____ Last given: _____ o

_____ Last given: _____ o

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I verify I am the owner (or authorized agent for the owner) of the above-named pet and authorize the above treatment(s) to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure as directed by the veterinarian.

Initials: _____.

TransCanada Pet Wellness Clinic requires pain management before, during, and after surgery. I consent to the use of these medications and understand it may be necessary to give my pet post-operative medication at home. Initials: _____.

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with anesthesia, even in apparently healthy animals, and have discussed any concerns with my veterinarian. I understand that it may be necessary to provide emergency medical and/or surgical procedures which are not anticipated for the safety and care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures necessary in the veterinarian's professional judgment. Initials: _____.

In the rare event of an emergency (such as cardiac arrest) while my pet is admitted to the clinic I wish for **(initial one)**:

CPR _____.

Do not resuscitate _____.

I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment, the reasons why surgery is necessary, its advantages and possible complications. The attending veterinarian will use reasonable precautions for the well-being of my pet but will not be held liable for conditions beyond his/her control. I agree to be responsible for any charges incurred while my pet is in the care of TransCanada Pet Wellness Clinic, a treatment care plan has been provided to me, and I understand payment is due at the time my pet is discharged from the hospital. I understand that if my pet requires overnight round-the-clock specialty or emergency care, I may be referred to a 24 hour emergency veterinary hospital. My pet will require owner-provided transportation before the end of day at TransCanada Pet Wellness Clinic.

Signature of Owner/Agent: _____ Date: _____

Printed name of Owner/Agent: _____ Date: _____

Signature of Witness: _____ Date: _____