



## To Read Before You Need Us

We understand how worrying it may be when your pet needs to be admitted to hospital for any reason, even when it is for a routine procedure. Below is a blank copy of our standard treatment consent form. You will be asked to sign a copy of this, complete with a treatment plan and an estimate of the associated costs, any time you need to leave your pet in our care. Please take a few moments now to review the consent form, so you are prepared if/when you find yourself needing to sign one. If you have any questions at all, one of our team members are always just a phone call or email away, and are more than happy to assist.

## TREATMENT CONSENT FORM

### Client Details

First Name	Surname
Address	
City	State
Home Phone	Mobile Phone
Email Address	

### Patient Details

Pet's Name	Patient File No.
Species	Breed
Age	Weight
Sex	

### Reason For Admission

# Treatment / Procedure Plan

## Estimated Cost of Treatment for the First 12 Hours:

Between \$ \_\_\_\_\_ and \$ \_\_\_\_\_

## Estimated Cost of Ongoing Treatment, Without Complications, After the First 12 Hours:

Between \$ \_\_\_\_\_ /24-Hours and \$ \_\_\_\_\_ /24-Hours

I understand that a deposit is required at the time of admission, and full payment must be made prior to discharge. A progress payment may be requested daily for ongoing cases.

I agree that payment will be made by:

- Cash
- Visa
- Mastercard
- American Express, or
- Direct bank transfer

Finance options may be available through third party lenders. Should you wish to explore this option please notify reception on admission.

## Resuscitation Requests

Do you consent to resuscitation of your pet if required? (Additional fees may apply)

YES

NO

# Declaration

I acknowledge the following:

1. It has been explained to me that there are certain inherent and potential risks associated with any treatment plan or procedure;
2. It has been explained to me and I understand that a perfect result cannot be guaranteed or warranted. I do not expect the Veterinary practitioner to be able to anticipate, beyond that which is expected of any reasonable/competent clinician, every potential risk and complication associated with the treatment/procedure proposed;
3. I hereby acknowledge my consent to proceed with the veterinary care proposed by the veterinary staff at Northside Veterinary Specialists. I understand that I can withdraw my consent at any time, except in the circumstance where such an action would result in unnecessary suffering or cruelty to the patient subject to professional care. I understand that if I withdraw consent after treatment or procedures have been performed, I am liable for the charges accrued to that point;
4. This consent form does not encompass the entire discussion I had with the Veterinarian regarding the proposed treatment/procedure;
5. I confirm that I have been provided with an estimate of the veterinary and associated fees relevant to the proposed treatment to which I am consenting. I understand that this is not a firm quote and that unexpected complications can arise which may vary the estimate;
6. I understand that during my pet's stay in hospital I will be contacted by NVS or NEVS staff request progress payments when my account exceeds \$1000;
7. I am aware that no credit is given and that full payment is required at the time of discharge. I understand that any overdue accounts will incur an account administration fee of \$35.00 and an ongoing account keeping fee of \$5.00 per month. I am aware that I will be liable for all damages, expenses, legal fees (including but not limited to all fees payable by Northside Veterinary Specialists / Northside After Hours Emergency Veterinary Service (NVS /NEVS) to a solicitor) and costs of collection (including but not limited to all fees and commissions actually or contingently payable to a Mercantile Agent) incurred by NVS/NEVS in exercising or attempting to exercise its rights in relation to collection of any overdue account;
8. I am over the age of eighteen (18) years and hereby authorise Northside Veterinary Specialists and/or Northside After Hours Emergency Service to perform the treatment and procedures as described in the treatment plan above, to the patient described above.

Owner / Authorised Agent Name

Date

Staff Initials

## Treatment Waiver

I decline the following tests, treatments, or procedures the veterinarian has recommended:

The veterinarian has informed me of the possible complications that may arise. I understand that by declining the tests, treatments, or procedures listed above, my pet's health may decline. This may result in a deterioration of my pet's condition which may lead to more intensive treatment requirements, or in complications which may result in the death of my pet.

## Admission Checklist

When was the last time your pet had access to food or water?

What tick prevention is your pet currently on?

Is your pet currently on any medications?

If yes, please list and indicate frequency and timing of doses:

Does your pet have any ongoing chronic health concerns?

Do you authorise NVS/NEVS to take photographs and/or video of your pet for use on our website or social media pages?

YES

NO

# Patient Admission Information

We understand that it can be a worrying time when your pet is in hospital. The following explains some of our hospital policies and procedures. We respectfully ask that the following guidelines are observed, as it means we can be available to give your pet the best possible care during their stay.

## Communication

The vets will aim to call you morning and evening to give an update, or immediately if there is any deterioration in your pet's condition. We request that one family member is nominated as primary contact for updates on your pet's recovery. This helps to keep our vets free for important 'hands on' patient care. We are open and fully staffed 24 hours a day, 7 days a week, including all public holidays. You are welcome to call at any time for a nurse update.

## Personal Belongings

We suggest taking your pet's collar and lead or carrier home with you as they are sometimes misplaced in hospital. It can be reassuring for your pet to have a toy, an item of clothing, or a blanket from home with them while in hospital. Please label these items with your pet's name. As we are a bustling hospital, there is a chance these items will end up in our laundry system and separated from your pet despite our best intentions. Please do not leave any special or irreplaceable items.

## Financial

If you have any financial constraints or concerns, please be upfront with your Veterinarian so we can work together to develop a plan that will give us the best possible outcome for your pet. We endeavor to update you regularly on your outstanding account. We ask that you also enquire regularly to avoid any confusion or surprise. Your account will need to be settled in full at discharge. We will ask for a deposit on admission equal to the low end initial estimate, and may request progress payments throughout your pet's stay.

A deposit of \$5000 will be required prior to the commencement of mechanical ventilation for patient that require this intensive respiratory support. If this has been discussed as a potential complication for your pet, please consider making arrangements for this now in case it does become necessary.

## Visitation

Whilst ordinarily we encourage visits for hospitalised patients, unfortunately in light of the COVID-19 situation we have had to temporarily restrict entry to the hospital to only veterinary employees. Please be assured during this time your pet's are still receiving the ultimate TLC, and we are very happy to send you daily photos and/or video clips.

## Insurance Claims

Please provide your insurance company name and policy number to our reception staff and we will submit your claim online for most insurers. PetPlan still require a manual form, which can be downloaded from their website.