



Terrace Road Veterinary Hospital

Informed Consent to Treatment for Hospital Admission

Owner / Legal Agent (Name & Surname): _____

ID Number: _____

Email: _____

Residential Address: _____

Contact Number 1: _____

Contact Number 2 : _____

Pet Name: _____

Breed: _____

Colour: _____

Sterilized: _____

Age: _____

Gender: _____

Preliminary Diagnosis / Proposed Procedure/s & Tests (Reason for Hospitalization for Treatment/Surgery):

Estimate Range: +-R

Deposit:R

(Costs may vary substantially due to unforeseen circumstances).

Terms & Conditions

TRVH is NOT registered as a credit provider under the National Credit Act. Therefore TRVH cannot lawfully offer formal credit arrangements on account, and we require full settlement of all monies at every visit.

1. I, the undersigned, an adult major, hereby authorise the veterinarians and staff of this veterinary facility to perform any reasonable treatment/anaesthesia and surgery they may deem necessary, including further or alternative measures as may be necessary during the course of the surgery and/or treatment of my animal.
2. I am aware that this veterinary facility does not provide 24-hour per day monitoring of patients. Should I wish to have my pet monitored 24 hours per day while hospitalised, I will make arrangements with the staff of this facility.
3. I undertake to keep in daily contact to enable the staff to inform me of the progress, costs incurred, and additional treatment involved, of my hospitalised animal.
4. I recognise that there is some degree of risk attached to any medical or surgical procedure or treatment. I have discussed any concerns I may have with the veterinarian. I hereby absolve the veterinarians, staff and this facility from all actions and liability, arising directly or indirectly from the treatment / anaesthetic / surgery.
5. I acknowledge that while the veterinarians at this facility provide diagnosis, treatment and prognosis to the best of their ability, economic constraints prevent these from being made with all the necessary information available. Consequently, the vets will not be liable for any consequences arising from incorrect diagnosis, treatment or prognosis. I acknowledge that whilst every precaution is taken during surgical procedures to prevent possible complications, a pre-operation clinical examination doesn't always detect underlying diseases/problems.
6. In the event of a grievance or dispute with this practice, I agree to fully participate in the VDA's Alternate Dispute Resolution process, before taking any other action. Participation in the VDA's ADR process will assist to provide me with answers, but will not reduce or take away any of my rights.
7. I understand that the estimate of cost is intended to approximate the anticipated expenses in the care of your pet. The estimate is based on the information currently available and **is not a quote or a guarantee of the eventual charges.**
8. **Discharge hours are after 2:00pm** and visiting hours are from 5:00pm – 6:00pm. I acknowledge that I must pay a deposit on admittance.
9. I acknowledge that I will pay the balance of any amount due on the account on discharge of the patient. I acknowledge that I shall be indebted to the above practice for veterinary treatment, services rendered and expenses incurred. I therefore render myself responsible for all costs, telephone calls and legal expenses, as between attorney and own client, including collection charges that may be incurred in the recovery of the outstanding amount.
10. I hereby choose the Residential Address referred to above as my domicilium citandi et executandi.
11. I acknowledge that I have read these conditions and hold myself bound thereto.

I would like the following to be done while my pet is in the hospital at an **ADDITIONAL FEE:**

DEWORMING	Y	N	R16.00 – R100.00
VACCINATIONS	Y	N	R364.00
PEDICURE	Y	N	No Charge
TICK AND FLEA TREATMENT	Y	N	R50.00 – R160.00
USE OF PAIN MEDICATION	Y	N	R90.00 – R210.00
PRE-ANAESTHETIC PANEL	Y	N	R500.00
COLLAR/HARNESS/LEAD/CARRIER	Y	N	R0.00

PLEASE NOTE: FOR ALL BRACHYCEPHALIC (FLAT NOSED- BOXER, BULLDOG, PUG, PEKINESE, BOSTON TERRIER) BREEDS THERE WILL BE AN ADDITIONAL COST OF BETWEEN R60- R200 DUE TO A DIFFERENT ANAESTHETIC BEING USED FOR SAFETY

Signature: _____

Date: _____

Witness: _____