

OVC Modified: INFORMED CLIENT CONSENT DECLARATION

Client Information/ ID:	Authorized Representative:
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

Animal/Group Information

Animal Name: Animal/Group ID:	Species: Breed: Colouring/Markings: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed
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Declaration of Consent

I, the undersigned, being 19 years of age or older, am the owner or authorized representative of the owner of the animal(s) described above and am authorized to make decisions regarding its care
 I hereby acknowledge that my veterinarian, _____, has advised me of and explained the following (check off as each one is discussed):

- The tentative or final diagnosis of my animal(s).
- The general nature of the following proposed treatment/procedure(s):

- The expected benefits, risks, dangers and side effects of the above.
- Reasonable alternative courses of action and risks/benefits of each.
- Consequences if the treatment/procedure is not performed.
- Estimated cost of the treatment/procedure.
- Auxiliaries and/or other veterinarians may provide some of the treatment and care.
- The staffing coverage available on site to monitor animals after regular office hours.
- Further, in the event that I am unavailable, I give permission to the veterinarian to discuss financial and medical aspects of this case with my authorized representative named above.

I understand that there can be no guarantee as to the animal's condition or reaction to or the outcome of any procedure/treatment undertaken. My questions have been answered, I have read or had explained to me and fully understand the information on this form, and declare that I understand and voluntarily consent to the recommended treatment/procedures.

Signed: _____ Date: _____ Signature of Owner/Authorized Representative
 Signed: _____ Date: _____ Signature of Veterinarian