

INFORMED CONSENT AND AGREEMENT TO TREATMENT

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 in their professional opinion, including further or alternative measures as may be necessary during the course of the surgery and/or treatment of my pet.
2. I recognise that there is some degree of risk attached to any medical or surgical procedure or treatment. I accept and agree to this. I have discussed any concerns I have with the veterinarian. I hereby absolve the veterinarians, staff and this facility of all liability or actions, arising directly and indirectly from the treatment/anaesthesia/surgery.
3. In the event of any grievance or dispute with this veterinary facility or its veterinarians, I undertake to enter into and complete the Veterinary Defence Association’s (VDA) free Alternate Dispute Resolution process, before resorting to any other action or remedy.
4. I undertake to keep in daily contact to enable staff to inform me of the progress, costs incurred and additional treatment involved, of my hospitalised animal.
5. I confirm that I am aware of the extent and approximate costs involved; I agree that the account and payment of the account is subject to the Prescribed Rate of Interest Act and that I remain liable for the mora interest that will be charged on overdue accounts.
6. I undertake to pay a deposit prior to hospitalisation and accept that such a deposit is an absolute pre-condition for hospitalisation.
7. **I acknowledge that the account is payable upon presentation/discharge and that the account is subjected to the National Credit Act.**
8. I acknowledge that I am indebted to the above practice for veterinary treatment, services rendered and expenses incurred. I hereby agree to pay and accept liability for all costs, disbursements and expenses.
9. Should any amount be handed over for collection in terms of this agreement, I irrevocably agree to pay all costs on an attorney and own client scale, disbursements and collection commission (including all costs and collection commission of any correspondent attorney employed by the Attorneys in connection therewith). In addition I consent to credit inspection and listing.
10. I hereby choose the residential address referred to below as my *domicili citandi et executandi*.
11. I irrevocably consent to the jurisdiction of the Pretoria Magistrate Court and/or the Small Claims Court, and that said action arose within the jurisdiction of these courts.
12. I acknowledge that I have read and understand these conditions and hold myself bound thereto.

Details of Pet		
Name:		
Breed:		
Colour:		
Age:		
Sex:	Male	Female
Preliminary Diagnosis:		
Estimate of costs of Treatment:		
Deposit:		
Signature:		



Has the patient urinated or defecated this morning?	Yes / No
Normal Diet	
Is the patient suffering from any illness (e.g. Diabetes, epilepsy, cardiac disease)	Yes / No
Is the patient taking any medications?	Yes / No
Has the patient been starved for 6 hours?	Yes / No
Has the patient had any reaction to an anaesthetic before?	Yes / No
Name of Medical Aid	

Person responsible for Account	
Name:	
ID Number:	
Cell phone:	
Relationship to legal owner:	
Email Address:	
Residential Address:	
Date:	
Signature:	
Witness:	

Legal Owner (If different from person responsible for Account)	
Name:	
ID Number:	
Cell phone:	
Date:	
Signature:	

Office use	
Reception:	
Doctor:	