



## Treatment Authorization & Consent Form

Pet's Name \_\_\_\_\_ Canine \_\_\_\_\_ Feline \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Chart# \_\_\_\_\_

Owner's Name \_\_\_\_\_ Chart# \_\_\_\_\_ Address \_\_\_\_\_

Owner's contact: home phone \_\_\_\_\_ cell phone \_\_\_\_\_ email \_\_\_\_\_

**Best means for communication:** phone \_\_\_\_\_ text \_\_\_\_\_ messenger \_\_\_\_\_ email \_\_\_\_\_

- A **Veterinary Client Patient Relationship; VCPR** with Dr B's Healthy Pets, LLC. Explanation of the VCPR can be viewed at [www.avma.org](http://www.avma.org)
  - Veterinarian have seen the pet in the past 6-12 months and has enough knowledge to diagnose, prescribe medication, or perform surgical procedures that are in the best interest of the pet
  - Owner allows veterinarian(s) to use his/her clinical judgement about your pet's health to determine a treatment plan, asks questions so you fully understand benefits and risks of treatment, and follow the established treatment plan and allow reassessments as needed
  - Dr B's Healthy Pets must be available to follow up the pet's case. If after hour emergency care is needed a facility must be identified
  - VCPR is no longer valid when there is lack of compliance to 1-3 above, pet owner requests no other treatment for his/her pet, and/or veterinarian(s) chooses to end the VCPR
- I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent.
- I have also been informed that there are certain risks and complications associated with any treatment, operation or procedure. They have been explained to me as well. I further understand that during the treatments, operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.
- I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.
- I understand that Dr B Healthy Pets, LLC may not have the capability to perform all diagnostics in house. In those cases, I understand I will be given the option of being referred for diagnostics or labs may be sent out to reference labs.
- I understand the hospital support personnel will be used as deemed necessary by the veterinarian.
- I have been made aware that treatment is voluntary and only performed when requested and permitted by the pet's owner/agent. Payments of services are due when services are rendered.
- I understand that my pet's treatment, operation, or procedure may require an overnight stay. I am aware that no one is on premises overnight. Pets are monitored via video cam and rounds made by personnel. I will not hold the facility or doctor(s) responsible for any loss from theft or natural disaster such as fire, earthquake, tornado.
- In the event of an adverse reaction or need of CPR due to cardiac and/or respiratory arrest, I give permission to Dr B Healthy Pets staff to perform services as needed and I agree to charges for such services.
- I am aware that all pets must have a current Rabies vaccine for the protection of the staff and to adhere to our county and state guidelines.
- I understand I the owner is the responsible party and must give consent. However, during my absence, I give permission to the following to act on my behalf as the agent for the owner of the pet(s) listed above: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** There is no expiration date on this consent form