



Field Procedure Consent Form

PART A – Owner and Patient Information			
Patient Name:		Owner Name:	
Patient ID:		Client ID:	
Species:		Telephone:	
Breed:		Animal ID:	
Sex:		Microchip/tag/branding	
Age:		Weight:	
		PIC #:	

▶ PART B – Patient Condition at time of visit - When did the patient last?		
Eat or have access to food?		
Drink or have access to water		
a. Does the patient have access to any toxins	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please state
b. Has the patient been unwell in the past week	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please state
c. Does the patient have any known drug / anaesthetic reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please state
d. Current medications or supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please list below
List of medications or supplements	Frequency	Dosage
1.		
2.		
3.		

PART C - Consent to treatment & procedures	
1.	▶ I give consent for the provision of Treatment and Procedures specified below for the patient: _____
2.	I acknowledge that the Treatment and Procedures, and thus cost estimates, may need to vary in response to changes in the animal's condition or results of diagnostic testing.
3.	I acknowledge that the risks of the course of action described have been explained to me and confirm that I understand and accept those risks.
4.	I have had the opportunity to discuss the Patient's treatment and course of action recommended by RVH as detailed in this Form. I understand the choices available to me, and I consent to the treatment and procedures so described being carried out on the Patient.
5.	I acknowledge that the following procedures may result in unusual or exceptional complications and outcomes which include, but are not limited to the following risks which I also understand and accept: · Sedation/Anaesthetic risk: cardiac arrhythmias, myopathy, neuropathy, fracture of limb, trauma or abrasions on recovery, some of which may result in death · All drugs, sedatives, anaesthetics, surgery and other procedures involve some risk of allergies, anaphylaxis and a potentially fatal outcome. The RVH aims to minimise these risks by including any of the following in the



	<p>patients procedure as required: fluid therapy, pain management and staff for monitoring.</p> <ul style="list-style-type: none"> · Surgical risk: haemorrhage, surgical site infection, breakdown or failure of surgical site and/or repair · Post-operative complications
6.	I acknowledge and agree that, to the fullest extent permitted by law, the University of Adelaide, RVH, and their employees, students, agents, contractors, and successors (together, "RVH") have no liability to me for, and I release RVH from all liability in respect of, any death, injury, disability, illness, loss, or damage suffered or sustained by the Patient arising out of or in connection with either the treatment and procedures administered to them by RVH or any direction, act or omission on the part of RVH, except to the extent that such liability arises from the gross negligence, wilful misconduct, or illegal act or omission of RVH.
7.	I acknowledge that RVH is a teaching hospital of the University of Adelaide and consent to its students being involved in the care of the Patient in an immediate and directly supervised capacity
8.	I consent to images (photographic and/or digital) and video being taken of the Patient and their subsequent use, only where de-identified, in teaching, research and / or publication.
<p>➤ Additional procedures: <i>additional costs apply and are not included in the estimate of costs below</i></p> <p> <input type="checkbox"/> Vaccination (specify): <input type="checkbox"/> Routine Blood Profiling <input type="checkbox"/> Faecal Egg Count (FEC) <input type="checkbox"/> Sheath Clean Other: </p>	

Cardiopulmonary Resuscitation (CPR)

If your appointment is taking place outside of the Roseworthy Veterinary Hospital, CPR may not be possible to perform due to lack of equipment and reduced personnel. If CPR is a viable and possible option in-field, intubation and oxygenation will not be possible and staff can only perform chest compressions. By ticking one of the below boxes, I accept and understand this risk if respiratory or cardiac arrest occurs. Additional costs may apply.

➤ Resuscitation Code (Please select box below)

☐ Basic: Chest compressions ☐ Do Not Resuscitate (DNR)

PART D – Financial Consent

Is your pet insured? ☐ Yes ☐ No

Insurance provider name:

Policy No

➤ **Estimated Costs (\$):** _____

I agree to the charges in relation to the Treatment and Procedures as described in this form. This is an estimate of costs only and does not cover re-visits and/or continued treatment. I understand the full payment is due at the time of treatment.

Pet insurance: Payment is required in full at the time of service.

Nominate Payment options:

☐ Cash ☐ EFTPOS ☐ Visa ☐ Mastercard ☐ Vetpay

PART E – Authorisation

By signing below, I acknowledge the nature of these procedures, including possible complications, may occur and I accept that the success of medical or surgical treatment and aftercare cannot be guaranteed.

I understand, acknowledge and consent to the information provided in this form and the release of information to the parties indicated by me. **I consent RVH to release Patient Information including medical notes and diagnostic information to Receiving Parties, including but not limited to;**

- Insurance Companies
- Referring Veterinarians and Health Care Providers
- Any parties required by law

Any other parties approved by the Owner or Owner's Authorised Agent, evidenced by their written signed consent or via verbal consent provided via telephone and certified by RVH staff.

➤ **Owner / Agent Name:**

➤ **Owner / Agent Signature:**

➤ **Date:**

➤ **Telephone:**

Staff Only: Patient Behaviour Assessment

☐ **GREEN**

☐ **YELLOW**

☐ **RED**

Comments: