

# Panorama Veterinary Clinic & Specialist Centre/Panorama

## Afterhours Veterinary Clinic

1 Uys Krige Drive Panorama 7500 Tel (021) 930-6632

### Informed Consent to Treatment Form

#### **OWNER OR LEGAL AGENT DETAILS** *Please check your particulars and change where necessary*

Owner or legal agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel.No. Home: \_\_\_\_\_ Tel. No. Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### **PATIENT DETAILS** *Please check your pet's details and change where necessary*

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

**Proposed procedure/preliminary diagnosis:** \_\_\_\_\_

**Estimated cost of procedures\*:** \_\_\_\_\_

1. I the undersigned hereby authorize the veterinarians and staff of the above practice to perform any reasonable treatment/anaesthesia and/or surgery they may deem necessary including further or alternative measures as may become necessary during the course of the surgery and/or treatment of my animal.
2. I undertake to keep in daily contact to enable the staff to inform me of progress costs incurred and additional treatment involved.
3. I acknowledge that I am indebted to the above practice for veterinary treatment, service rendered and expenses incurred therewith and hereby 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.
4. In the event of any grievance or dispute with this veterinary facility or its veterinarians, I undertake to enter into and complete the VDA's free Alternate Dispute Resolution process, before resorting to any other action or remedy.
5. I recognize 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 arising directly or indirectly for the treatment/anaesthetic/surgery.
6. Pre-Anaesthetic screening is strongly recommended for all animals over 7 years old and those where anaesthesia is a concern. These test the animal's ability to excrete anaesthetic and shows up liver, kidney and blood abnormalities. It is painless and involves drawing of blood. Please select whether you would like this screen to be carried out on your pet.  
**(Additional Cost: R620.00)**

Yes  No

Pre-Anaesthetic Examination

7. Is it possible that your pet could be pregnant?

H:\_\_\_\_ T:\_\_\_\_ P:\_\_\_\_ R:\_\_\_\_ MM:\_\_\_\_

Yes  No

Other: \_\_\_\_\_

8. Has your pet been vaccinated in the last 12 months?

Yes  No

**I confirm that I am aware that the account is to be settled in full at the time of discharge from hospital.**

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

*I have read and understood the conditions set above and give consent to the above-mentioned procedure.*

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

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

# **Panorama Veterinary Clinic & Specialist Centre/Panorama After Hours Veterinary Clinic**

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## **CLIENT INFORMATION SHEET**

Your pet has been admitted into our hospital for a procedure, observation or further tests. Please note the following:

- Patients admitted for day-procedures are generally discharged between 4 and 6pm unless advised otherwise. It is best to telephone to check that your pet is ready for discharge before coming to fetch.
- **Visiting hours are between 5 and 6 pm unless by prior arrangement.**
- **Accounts must be settled in full before collection.** Only Cash, Credit Cards and Electronic Funds Transfer are accepted. We do not accept cheques. If paying by EFT please bring proof of payment with you when you collect or alternatively fax deposit slip to 021 939 9941 or email to [panoramavet@mwebbiz.co.za](mailto:panoramavet@mwebbiz.co.za) before collecting.

**Please use account number as reference when doing EFT.**

Account details are as follows:

<b><u>Account Name:</u></b>	<b>Panorama Veterinary Clinic</b>
<b><u>Bank:</u></b>	<b>Nedbank Cheque Account</b>
<b><u>Branch:</u></b>	<b>Bellville The Bridge</b>
<b><u>Branch Code:</u></b>	<b>103 610 00</b>
<b><u>Account Number:</u></b>	<b>1036 290 670</b>

We endeavour to provide the highest level of patient care. If you feel has not received adequate care or you have received poor service please contact our Hospital Manager Sr Marilé Lombard who will be happy to look into the matter and take it further.

Kind regards

Management Team

***Visit us at [www.panoramavet.co.za](http://www.panoramavet.co.za)***