

Procedure Consent



West Midlands Referrals Ltd

Unit 5 Britannia Way
Britannia Enterprise Park
Lichfield
WS14 9UY
Tel:01543 414248

Mr S Holmes

Animal Details

Name:
Species:
Sex:
Colour:
Age: unknown
Weight: unknown
Date: Thu 31st May 2018

Procedure

REFERRING VETS DATE REFERREDWarnings_____ Colour of lead/box ____ Medical Problems
.....LASER TREATMENTS () X X/R No. ()
Ins Form enclosed () Pre Authorisation done() Ins Sent _____

Date/time Meds Food Sedation/GA Clinical examination at admitOnset Date.....

I am the owner/authorised agent (delete as appropriate) of the animal identified above. I am over 18 years of age. I understand the intended procedure, potential benefit and risks, and I am authorised to consent to the administration of sedation or general anaesthetic (if appropriate) to the animal described above and I give permission for it to undergo the above operation/investigation/treatment. I appreciate that all anaesthetics, medications and surgical procedures carry a risk, including loss of life and that a positive outcome cant be guaranteed.

I have been given an after care sheet for _____ which explains possible complications, aftercare requirements and the limitations of WMRs fixed priced policy. I understand that further surgical treatment may be required in the event of complications or unforeseen circumstances.I authorised such procedures should they become necessaryin the opinion of the treating veterinary surgeon if there is no time to contact me or contact cant be made.

I give permission for the administration of unlicensed medications at the descretion of the veterinary surgeon.I understand that West Midlands Referrals are experienced surgeons rather than RCVS specialists. I understand that procedures may not be performed until the afternoon.

I acknowledge that I have been advised that the cost of treatment and investigation is estimated atinclusive of VAT. I understand that my account should be settled in full on the collection of my pet animal either by card or cash. If payment is not made on collection I understand that West Midlands Referrals reserves the right to increase the account balance by 20% and that further charges relating to debt collection might be incurred. I understand that West Midlands Referral Surgeons is neither able to accept cheques nor to extend credit. I understand that complications will incur further charges.

I am insured with policy number and I will / will not be requesting a direct insurance claim
I recognise that it is my responsibility to know my insurance policy details including my policy limit any excess and remaining budget.

Signature _____ Date _____

Date Procedure Inv Acc Excess Paid in total PP

I confirm that I have explained the risks of sedation, anaesthesia and the procedure in terms that I judged were understood by the owner/authorised agent _____ MRCVS