

PORT VETERINARY CLINIC

Patient Treatment and Informed Consent

(Non Food and Fiber Patients)

Date: _____ Treating Veterinarian: Dr. Annamarie Dittmar

Patient: _____ Primary Assistant: _____

Name of owner or authorized agent available for contact today and today's contact information:

The reasons for the patient's visit today are:

The recommended procedures and medications are:

The risks associated with the recommended procedures and medications are:

Other diagnostic and treatment options are:

The risks associated with the other diagnostic and treatment options are:

The chosen course of treatment is:

I, the undersigned, certify that I am the owner, or authorized agent, of the patient. I acknowledge that the veterinarian has discussed with me the recommended procedures and medications, the risks associated with the recommended procedure and medications, including the risks of sedatives and anesthetic agents, if applicable, and other diagnostic and treatment options and the risks associated with those other options. I hereby authorize the veterinarian and/or the veterinarian's staff to proceed with the "chosen course of treatment" which I have approved by my initials above.

If unforeseen conditions arise which, in the judgment of the attending veterinarian, call for procedures or treatments other than those now being authorized, I authorize such procedures or treatments if reasonable efforts to contact me for further consent are unsuccessful.

Signature: _____

Printed Name: _____

Date: _____

Witness Signature: _____

Printed Name: _____

Date: _____