

Dr Nina Lorenz | T: 1300112344 | Email: [info@nrvs.com.au](mailto:info@nrvs.com.au) | [www.nrvs.com.au](http://www.nrvs.com.au)

## **Informed Consent To Treatment**

1. I, the undersigned, an adult major, hereby authorise the veterinarians and staff of this veterinary facility to perform any reasonable treatment/anaesthesia and surgery they may deem necessary, including further or alternative measures as may be necessary during the course of the surgery and/or treatment of my animal.
2. I am aware that this veterinary facility does not provide 24-hour per day monitoring of patients. Should I wish to have my pet monitored 24 hours per day while hospitalised, I will make arrangements with the staff of this facility.
3. I acknowledge that it may become apparent and necessary during any dental procedure to extract teeth. In some cases, this might lead to the removal of many or all teeth, at the sole discretion of the veterinarians and staff of this facility.
4. I acknowledge that a quote cannot be provided, and that I have been provided with an estimate for an average procedure, but the final cost may vary substantially and be significantly higher than discussed because of the particular factors that may be encountered as the procedure unfolds. I agree to settle the final bill in full upon request or discharge, whichever is earlier. I also agree to pay all solicitors fees and costs incurred by Northern Rivers Veterinary Specialists Pty Ltd if they have to institute collection activities due to non-payment of services.
5. While the veterinarians at this facility provide diagnosis, treatment and prognosis to the best of their ability, economic constraints prevent these from being made with all the necessary information available. Consequently, the vets will not be liable for any consequences arising from incorrect diagnosis, treatment or prognosis.
6. I undertake to keep in daily contact to enable the staff to inform me of the progress, costs incurred, and additional treatment involved, of my hospitalised animal.
7. I recognise 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 from the treatment / anaesthetic / surgery.
8. 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.
9. I acknowledge: That this facility is not party to my arrangement with my pet insurer and that no obligations whatsoever are placed on this facility. This facility will not deal with or provide information to the pet insurer. I am solely responsible for payment of veterinary fees to this facility and I hereby absolve this facility from all actions, arising directly or indirectly from my pet insurance arrangement.
10. I acknowledge that I have read these conditions and hold myself bound thereto.

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**Informed Consent To Treatment *continued***

PROPOSED PROCEDURE:				
ESTIMATE OF COSTS:	R	(costs may vary substantially due to unforeseen circumstances)		
<b>DETAILS OF ANIMAL</b>				
NAME OF ANIMAL:		SEX:	MALE	FEMALE
BREED:		AGE:		
HAS THIS ANIMAL SHOWN ANY UNUSUAL SYMPTOMS?		CIRCLE YES OR NO		
		(write details on back of this form)		
<b>DETAILS OF OWNER / AUTHORISED AGENT (delete whichever not applicable)</b>				
FULL NAMES:				
ID NUMBER:				
E-MAIL ADDRESS:				
CELL/MOBILE:				
RESIDENTIAL ADDRESS:				
SIGNED:				
WITNESS:		DATE:		

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## Consent for Cardiopulmonary Resuscitation (CPR) ◦

Owner (First/Last Name): \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

Procedure(s), operation(s) and/or treatment(s):  
\_\_\_\_\_

Northern Rivers Veterinary Specialists Pty Ltd may treat complex critical cases, and in these situations, our team has to make serious medical decisions regarding your pet's treatment. Although very rare, even in healthy animals an unexpected respiratory or cardiovascular event may occur. At a moment's notice, we may need to know whether or not you wish for us to resuscitate your pet in the event of cardiac or respiratory arrest. This is a serious procedure with many potential complications as well as added financial responsibility. Given this, we ask that you please carefully read the following, check the appropriate box, and sign and date at the bottom of this form. Thank you for considering this important matter.

*Should my pet require cardiopulmonary resuscitation, I request that the doctor(s) at Northern Rivers Veterinary Specialists Pty Ltd pursue such medical care as indicated:*

**YES, please perform CPR on my pet in the event of cardiac or respiratory arrest.**

**NO, do not resuscitate my pet in the event of cardiac or respiratory arrest.**

*By signing this form, I accept that if the hospital staff is unable to reach me within twenty minutes after the initiation of CPR procedure and/or, after exercising reasonable medical judgment, the medical team determines that there is no reasonable hope for medical success, the staff will cease further CPR procedures. I also understand that despite the best efforts of the doctors and staff at this facility, even the most successful CPR procedure may restore life but may not allow for my pet to regain normal mental and physical health.*

\_\_\_\_\_ Print Name Date Owner/Agent of Owner (Circle one)

Witness

Date

Signature