

Woodcock Veterinary Professional Corporation
4424 Victoria Rd. S.
R.R. #1
Puslinch, ON N0B 2J0

519-763-7729



CONSENT TO PERFORM TREATMENT

ANIMAL'S NAME:

OWNER: _____

BREED: _____ COLOUR: _____ M ___ Mn ___ F ___ FS ___ DATE (yr) of BIRTH: _____

Regular veterinarian or clinic: _____

PROCEDURE(S) REQUESTED/TO BE PERFORMED:

- Rehabilitation
- Chiropractic
- Recreational swimming
- Other _____

CONSENT

1. I am the owner or agent of the animal described above. I have authority to execute this consent and am over the age of 18.
2. I understand and acknowledge that Dr. Woodcock and Woodcock Veterinary Services provide only complementary veterinary medicine and therapy. I have a relationship with a regular veterinary clinic/hospital for routine and emergency veterinary services.
3. I hereby consent to and authorize the performance of the above described procedure(s). I understand the risks that may be involved.
4. I have had the fees outlined to me and agree to pay all such fees and charges at the time of discharge unless alternate financial arrangements have been made prior to discharge.
5. I agree/acknowledge that I will be seeing Dr. Woodcock or one of her trained staff for procedures. I understand some of the procedures may not be performed by Dr. Woodcock, but the trained staff will have directions from Dr. Woodcock to carry out the procedure as best suited for my animal.
6. If unforeseen conditions arise which, in the judgement of the attending veterinarian, call for procedures or treatments other than those now being authorized, I authorize such procedures if reasonable efforts to contact me for further consent are unsuccessful.
7. I have been advised as to the nature and purpose of these procedures and realize that no guarantee exists as to the result of diagnosis and treatment of the above described animal.
8. I hereby consent that the veterinarian may dispose of the live animal that is not claimed by the client within 10 days of the completion of an in-hospital treatment and convalescence or an ancillary service as defined in Part IV by transferring the animal to an animal shelter or to a third party owner if, (a) the client has agreed in writing to the transfer; (b) the veterinarian has attempted to contact the client at least five times by at least two different methods, such as telephone and mail, and has documented the attempts; and (c) the veterinarian has attempted to contact any emergency contact person identified by the client.
9. I have read and understand this consent.

Signature of Owner or Agent

Date