

STATEMENT AND AGREEMENT FOR ESTIMATED COST OF TREATMENT

1. I agree to entrust to the small animal clinic of the Animal Health Trust the animal described below for examination, keep and treatment on the understanding and condition that reasonable care and attention will be given to such animal.

Case No: _____ Breed : _____
Age: _____ Sex : _____ Name : _____

By signing this form I understand that I am accepting the terms and conditions of the business which are set out on the reverse of this form.

2. I hereby give full permission for the animal described in 1. above to undergo the investigation/treatment/operation of:

and for such further or alternative treatment/operative measures as may be found necessary during the course of such treatment/operation. I understand that all surgical procedures involve some risk and complications arising from the above-mentioned procedure(s) have been explained to me.

3. I hereby give permission for the animal described in 1. above to be given anaesthetic, sedative or analgesic or a combination of the aforementioned or any further or alternative measures as may be considered necessary by the Trust. I understand that all anaesthetic procedures involve some risk to the animal.
4. I understand that certain drugs which are not licensed for use in this species, but which have acknowledged efficacy, may be used. The possible side effects and precautions relating to specific drugs have been discussed with me. In accepting their use for treatment on my animal, I accept any attendant risk.
5. If routine blood samples are taken for diagnostic tests, a small proportion of the sample may be used for the Trust's ongoing research into animal diseases.
6. I agree to the following estimate for the cost of treatment for the above animal:

Consultation : _____ Surgery & Theatre Fees : _____
Anaesthesia : _____ Imaging : _____
Laboratory charges : _____ Drugs & Treatment : _____
Other : _____
Special diagnosis procedures : _____
Hospitalisation : _____ days at £ _____ per day

ESTIMATED COST £ _____ plus VAT

NB: All fees and charges are subject to VAT. This is an estimate; the actual treatment may in the event be more expensive.

Signature of owner/agent _____ Date _____
Address _____
