



## MOBILE CONSENT & AUTHORISATION FORM

### Details

Your (Owner's) Full Name:

Patient's Name:

Your Phone Number:

Date and Place of Procedure:

**\*\*This form must be signed by you prior to surgery, otherwise surgery may have to be re-scheduled**

*By either signing this form this signifies that you have read, consent and agree to be bound by it. You further confirm that you are the owner, or the agent for the owner, of the patient and have the authority to sign this form\*\**

### Consent & Authority

1. You consent, acknowledge and agree to the following:
  - 1.1. That you consent and authorise VSOS to perform any procedure/s, operation/s and/or treatment/s on the patient (the **Services**).
  - 1.2. That you have been given a cost estimate, either in writing or verbally, and that the fees may vary due to the nature of the medical problems, which may be unforeseen.
  - 1.3. That VSOS has explained that there are certain inherent and potential risks associated with the Services, which leads to increased and varied fees.
  - 1.4. That during the performance of the Services unforeseen conditions may be revealed that require an extension of those Services or different Services to be performed on the patient. Therefore, you consent to, and authorise the performance of, any Services that may be deemed necessary and desirable in the exercise of VSOS' professional expertise and judgment, which will incur additional fees.
  - 1.5. That VSOS may perform medically necessary procedures which may incur further fees without your consent, including but not limited to, a life-saving drug or drain of blood/air, in emergency situations.
  - 1.6. The administration of anaesthesia will be by the referring veterinary hospital and VSOS will not be involved in the anaesthesia or drug choices.
  - 1.7. That results from the surgery cannot be guaranteed. Should any further medical management and/or ongoing treatment of the patient be required due to the outcome of the Services, this is to be undertaken by your usual/primary veterinarian and any associated costs will be directly between you and your usual/primary veterinarian.
  - 1.8. If emergency treatment is necessary for the patient, you will seek your own emergency care. You agree that VSOS does not offer 24 hour care.
  - 1.9. That if the Patient has any known medical conditions that will affect anaesthesia and/or the condition of the patient during the Services, this must be disclosed by you prior to the VSOS performing the Services.
  - 1.10. That if you do not provide the notice required at clause 1.9 above, you indemnify and release VSOS from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) concerning the decline in the Patient's medical condition.
  - 1.11. That VSOS has the right to emergency euthanasia on the Patient if the Patient is suffering and where VSOS determines it is medically necessary to do so.
  - 1.12. That you consent to photographs and/or videos being taken of you and/or the patient and for these photos/videos to be used for internal and external marketing purposes.
  - 1.13. You indemnify VSOS from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) that you may have in relation to the Services arising out of or in connection with your breach/non-compliance of this clause 1.
2. **Fees**
  - 2.1. Payment of the Services as performed by VSOS is due and payable by you directly to your usual/primary veterinarian (unless as otherwise arranged with VSOS) at the time the patient is to be collected.



- 2.2. Should your usual/primary veterinarian fail to on-forward any payment for fees owed to VSOS regarding the Services, you are solely responsible for any such fees and VSOS will issue you directly with a tax invoice for payment.
- 2.3. You further acknowledge and agree that payment of any fees is not contingent on whether you perceive the Services to be helpful or not.
- 2.4. Interest on any overdue fees will accrue from the date when payment becomes due until the date payment is received by VSOS, at a rate of \$250.00 (two hundred and fifty dollars) per week.
- 2.5. You indemnify VSOS from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) suffered or incurred by VSOS arising out of or in connection with the default in payment of the fees by you.

### 3. Cancellation

- 3.1. Should you need to postpone, cancel and/or reschedule the patient's surgery/the Services, you need to notify VSOS via telephone at the soonest possible opportunity.
- 3.2. VSOS reserves the right to charge you the following cancellation fees, should you cancel the Services:
  - 3.2.1. Cancellation with more than 24 hours' notice to VSOS – no charge;
  - 3.2.2. Cancellation between 6-24 hours' notice to VSOS – 25% of the total fee; and
  - 3.2.3. Cancellation with less than 6 hours' notice to VSOS – 50% of the total fee.

### 4. Post Services

- 4.1. Where VSOS gives you any instructions following the Services, relating to the discharge, after care, management and next steps for the patient, you must follow these instructions.
- 4.2. If you do not follow these instructions, you indemnify and release VSOS from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) concerning any decline in the patient's medical condition.
- 4.3. It is your responsibility to organise with your usual/primary veterinarian any follow up consultations to discuss management and/or the next steps for the patient. VSOS is not responsible for this.

### 5. Veterinary and Animal Health Records

- 5.1. You acknowledge that any Veterinary and Animal Health records (**Records**) by VSOS relating to the patient belongs to VSOS exclusively.
- 5.2. You therefore consent to the release of any or all of the Records contained by VSOS relating to the Patient to be given, upon request, to the Referring Veterinarian or other Veterinarian as the case may be. This consent will remain in effect until you notify us in writing that it will cease.
- 5.3. Such Records include copies or originals of all of the relevant case history of the Patient.
- 5.4. VSOS will not release any Records that may be in breach of its obligations as to personal information under the *Privacy Act 1988 (Cth)*.

I, \_\_\_\_\_ hereby acknowledge and agree that I have read and consent to the contents of this form. I have also answered all questions factually.

**Signature:**

**Date:**