

DWR Veterinary Specialists

Station Farm, London Road
Six Mile Bottom, Cambridgeshire CB8 0UH
Telephone: 01638 572012



CONSENT FORM FOR ADMISSION, INVESTIGATION, ANAESTHESIA, TREATMENT, SURGERY AND AGREEMENT OF ESTIMATED COSTS

Owner/Agent and Patient Details

Treatment Details

☐ I hereby give permission for the animal described on the left to undergo investigation/treatment/surgery described above

☐ I hereby give permission for the animal described on the left to be given anaesthetic, sedative, analgesic, regional anaesthetic or a combination of the aforementioned or any further or alternative measures as may be considered

☐ I understand that all anaesthetic techniques involve some risk to the animal

☐ I understand that all investigative/surgical procedures involve some risk to the animal. Specific possible risks/complications include (but not limited to):

1 3 5

2 4 6

..... F/MRCVS Print Name:

I hereby give permission for:

☐ Clipping of hair (this is essential for some investigations and all surgical procedures), grooming and bathing necessary for hygiene purposes

☐ Photographic and video recording for teaching and publication and other publicity purposes

☐ Administration of treatment and medication, including agents not licensed for use in this species

☐ All clinical information and residual blood and tissue samples collected for diagnostic purposes can be retained for use in clinical studies where appropriate for the ultimate benefit of animal welfare

☐ I understand that DWR Veterinary Specialists is a business unit of Linnaeus Veterinary Limited (Company no: 10790375), with a registered address at Friars Gate, 1011 Stratford Road, Shirley, West Midlands, B90 4BN, United Kingdom ("Linnaeus"). Linnaeus and any company within the Linnaeus group of companies, which includes: Linnaeus; any subsidiary or holding company from time to time of Linnaeus; and any subsidiary from time to time of a holding company of Linnaeus is a part of MARS Petcare ("Group Companies")

☐ I understand that Linnaeus is committed to providing the highest standards of care to animals and contributing knowledge and expertise to the veterinary community to help improve animal health and welfare

I freely give my consent for:

☐ Clinical data archived in my pet's medical record, diagnostic images (e.g. radiographs, ultrasounds, CT or MRI scans), photographs and videos to be used anonymously for clinical and health research, training and publication purposes

☐ Any residual samples from those collected for diagnostic purposes (e.g. fluid, faecal or tissue samples) that are not required for testing to be stored for future use in clinical and health research

☐ Anonymised clinical data, images and archived fluid, faecal or tissue samples to be shared within the Linnaeus Group Companies or with third parties and used in ethically approved clinical research projects undertaken by the Linnaeus Group Companies and their collaborators (whether academic or non-academic). I agree that the Linnaeus Group Companies and their collaborators shall be free to commercialise the results of any such approved projects and that I am not entitled to receive any financial benefit from this

☐ Linnaeus through its business unit, DWR Veterinary Specialists and any of its Group Companies contacting me (e.g. by telephone, email or by writing) to ask for follow up information on my animal to allow for clinical research and internal auditing of cases; this may be useful if, for example, a specific condition or disease was being evaluated

☐ I have read and understood the terms and conditions of trading sent to me in the Welcome Pack (also available at www.dwr.vet)

Financial Agreement / Payment details

☐ I accept the responsibility for settling the fees for treatment on collection of the above patient

ESTIMATED COST £ TO £ INCLUSIVE OF VAT

☐ I understand that this is an estimate and the actual treatment may prove to be more or less expensive. This estimate covers fees anticipated for **THIS VISIT**. Additional re-examinations, investigations and, if necessary, further treatment/surgery will incur additional fees

☐ If you are **NOT** the owner, please tick the box to confirm you have the authority to act on behalf of the owner of the animal described above

By signing below I confirm that I understand and accept all the points above, that I have had the opportunity to ask any questions I may have and that these have been answered.

Owner/Agent Signature: Print Name Date