

Informed Client Consent Form

Informed client consent is the legal and ethical foundation on which professionals deliver services. From a public protection perspective, informed client consent is the foundation of the veterinarian-client-patient relationship and the basis on which veterinarians and clients confirm the veterinary services that will be provided.

Informed client consent may be implied or explicit. Explicit consent may be verbal or in writing, depending on the services that are to be provided. Under Regulation 1093, companion animal veterinarians are required to obtain written consent for surgical procedures. In general, written consent should be obtained when a procedure or treatment presents a significant risk to animal health outcomes. At all times, veterinarians are required to indicate in the medical record that consent was obtained. For more information on the legal and professional requirements for obtaining informed client consent, please refer to the *Professional Practice Standard: Informed Client Consent* and its associated guide.

The following form has been developed as a tool for veterinarians to use when needing to obtain explicit written consent from a client. Please note that the form has been designed as a template and members are encouraged to tailor it to their own needs.

If you have any questions or concerns regarding this form or informed client consent in general, please feel free to contact the College's Practice Advice Team at practiceadvice@cvo.org or 519-824-5600 ext. 2401.

TEMPLATE: INFORMED CLIENT CONSENT FORM

This form is a template. It provides guidance regarding the types of information that should be collected and discussed when obtaining informed client consent, whether verbally or in writing. Informed consent must be tailored to each specific client and situation. This form may be customized for specific use in practice.

Client Information

Owner Information:		Authorized Representative:	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	

Animal/Group Information

Animal Name:	Species:	
	Breed:	
Animal/Group ID:	Colour/ Markings:	
	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed

Planned Treatment(s)/Procedure(s) (Inclusive of Drug Therapy)

Description:	
Additional Information/Notes:	<i>Non-exhaustive examples: potential benefits; potential risks of the treatment/procedure; potential risks of not having the tx/procedure; potential limitations and side-effects; prescribed and compounded drugs; cost of treatment; role of auxiliaries; informed consent (discussion, granted/denied/withdrawn); etc.</i>

Additional Information/Notes

<i>Non-exhaustive examples: other relevant information; notes re: changes to animal's condition; updates provided to the owner/authorized representative; shared documents/handouts etc.</i>

Declaration of Informed Consent

I, the undersigned, being 18 years of age or older, am the owner or authorized representative of the owner of the animal(s) described above and am authorized to make decisions regarding its care.

I hereby acknowledge that:

my veterinarian, _____; and/or
their auxiliary, _____
has explained the following information to me (owner/authorized representative to initial only those that apply):

- _____ informed consent is an ongoing process that requires continued discussion and consultation between a client and a veterinarian;
- _____ informed consent is required for every treatment/procedure (inclusive of drug therapy) and I may withdraw my consent at any time; and
- _____ I have the right to be informed about
- every treatment/procedure (inclusive of drug therapy) administered or performed on my animal(s), and
 - any change in treatment plan that significantly alters the risks and benefits to my animal(s).

I further acknowledge that:

my veterinarian, _____; and/or
their auxiliary, _____
has explained the following to me as they specifically relate to my animal(s) (owner/authorized representative to initial only those that apply):

- _____ my animal's current condition;
- _____ the tentative or final diagnosis of my animal(s);
- _____ the nature of the above-noted treatment(s)/procedure(s) (inclusive of drug therapy);
- _____ the anticipated and potential benefits, risks, and side effects of the above-noted treatment(s)/procedure(s)(inclusive of drug therapy);
- _____ the reasonable alternative courses of action and the potential benefits, risks, and side effects of those courses of action;
- _____ the cost of each of the above-noted treatment(s)/procedure(s)(inclusive of drug therapy);
- _____ whether the treatment(s)/procedure(s) will be administered or performed by a veterinarian or by an auxiliary;
- _____ the likely consequences if I do not consent to the above-noted treatment(s)/ procedure(s) (inclusive of drug therapy);
- _____ _____
- _____ _____

I have read and understand the information on this form. The information on this form has been explained to me. My questions have been answered.

I declare that I provide my consent to the above-noted product(s)/procedure(s) (inclusive of drug therapy), in accordance with the explanations indicated above.

Owner/Authorized Representative Signature

Date

Veterinarian Signature (or) Auxiliary Signature

Date