

**Client Consent Form**

**Radioactive Iodine (I-131) Treatment**

This form documents your consent for staff at VetsOne Ltd to perform radioactive iodine treatment on the following animal under your care;

Animal Details: \_\_\_\_\_

Please check/tick your agreement with the appropriate statements below before signing & dating the form in the spaces provided.

<input type="checkbox"/>	<p>1. I have had information provided to me describing the treatment procedure &amp; the opportunity to ask questions and have them answered to a satisfactory level</p>
<input type="checkbox"/>	<p>2. I am aware of the costs involved in the treatment procedure, being;</p> <ul style="list-style-type: none"> <li>• \$950 for 7 days of treatment &amp; hospitalisation</li> <li>• Additional hospital days charged at \$35 per day (may be required or requested between days 7-20 post-treatment)</li> <li>• Follow-up blood test(s) as charged by my normal veterinarian</li> </ul> <p><i>* Please note: A non-refundable deposit of \$500 is required to confirm booking. Payment details will be forwarded once your Consent Form has been received</i></p>
<input type="checkbox"/>	<p>3. It has been explained to me that while a single I-131 treatment for Feline Hyperthyroidism is generally curative,</p> <ul style="list-style-type: none"> <li>• Further medical, dietary or I-131 treatment may still be needed to fully control the overactive thyroid (&lt;2% of treated cats)</li> <li>• Some treated cats may become <i>hypo</i>-thyroid (eg. not produce enough thyroid hormone) and require oral thyroxine supplementation</li> <li>• Pre-existing heart &amp; kidney conditions may become more apparent or even worsen after treatment</li> </ul>
<input type="checkbox"/>	<p>4. I will ensure my cat is not given any form of medical or dietary treatment for Feline Hyperthyroidism for the week prior to treatment</p>
<input type="checkbox"/>	<p>5. I understand that I will not be able to visit my cat during the initial one week post-treatment hospitalisation period due to the risk of radiation exposure</p>
<input type="checkbox"/>	<p>6. I agree to comply with all post-treatment instructions, including carrying out all recommended follow-up testing for my animal (4-6 weeks post-treatment)</p>

Owner/Carer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_