



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"/>	1. I have had information provided to me describing the treatment procedure & the opportunity to ask questions and have them answered to a satisfactory level
<input type="checkbox"/>	2. I am aware of the costs involved in the treatment procedure, being; <ul style="list-style-type: none">• \$1200 for 7 days of treatment & hospitalisation• Additional hospital days charged at \$45 per day (may be required or requested between days 7-20 post-treatment)• Follow-up blood test(s) as charged by my normal veterinarian <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>
<input type="checkbox"/>	3. It has been explained to me that while a single I-131 treatment for Feline Hyperthyroidism is generally curative, <ul style="list-style-type: none">• Further medical, dietary or I-131 treatment may still be needed to fully control the overactive thyroid (<2% of treated cats)• Some treated cats may become <i>hypo</i>-thyroid (eg. not produce enough thyroid hormone) and require oral thyroxine supplementation• Pre-existing heart & kidney conditions may become more apparent or even worsen after treatment
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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)

Owner/Carer Name: _____

Signature: _____

Date: _____