

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"> • \$1600.00 for 7 days of treatment & hospitalisation • Additional hospital days charged at \$47.50 per day (may be required or requested between days 7-20 post-treatment) • Follow-up blood test(s) as charged by my normal veterinarian <p><i>* Please note: A non-refundable deposit of \$700 is required to confirm booking. Payment details will be forwarded once your Consent Form has been received</i></p> |
| <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: _____