

CONSENT FOR JOINT INJECTIONS

Dr. Danielle Fritz. DVM. Inc.



1180 Cherry Point Road, Cowichan Bay
Phone: 250.710.9594 Emergency: 1.800.869.1208



Please read the following statements and consents regarding your horse/pony before it is treated by Dr. Danielle Fritz / Dr. Kaitlin McDonald/ Dr. Katharine White/ Dr. Elizabeth Reddit. Also read your financial obligation as the result of the veterinary treatment. If you have any questions, please have these clarified before your animal is examined.

I authorize Dr. Danielle Fritz / Dr. Kaitlin McDonald / Dr. Katharine White / Dr. Elizabeth Reddit to perform medical and/or diagnostic procedures on

(Horses Name) _____ Breed: _____ Color: _____ Age: _____

as required for diagnosis and treatment. I understand that I can refuse or terminate procedures at any time by contacting Dr. Fritz / Dr. McDonald / Dr. White / Dr. Reddit. Emergency procedures may be needed in life saving situations and may be carried out before I am contacted. I also understand I must instruct the veterinarian if there are any financial or medical limitations to emergency care.

As owner or authorized agent of the patient, I authorize Dr. Fritz / Dr. McDonald/ Dr. White/ Dr. Reddit to administer agreed on diagnostic and medical treatment procedures and emergency treatment as considered necessary. I understand that it is my responsibility to inform the Dr. Fritz / Dr. McDonald/ Dr. White / Dr. Reddit about any treatment or diagnostic test that I do not want my animal to receive.

Risks to joint injections include but not limited to, life threatening post injection joint infection, post injection steroid flare, laminitis and founder, needle breaking off into the joint, skin reaction to aseptic cleaning, drug reaction to standing sedation and or joint injection, and death.

I hereby acknowledge that I have read the above and understand the cited risks. Dr. Fritz / Dr. McDonald / Dr. White / Dr. Reddit has explained the risks of the specific treatment and diagnostic procedures which has allows me to give my informed consent. I also understand that no guarantee or assurance can be made to me as to the results that may be obtained from treatment.

As agent or owner, I understand that the owner is financially responsible to Dr. Danielle Fritz DVM. Inc. for all applicable charges relating to this animal. It is the owner's obligation to inquire about all costs of patient care and to maintain status of financial obligations to Dr. Danielle Fritz DVM. Inc. Payment is due in full at time of visit. Late payment charges of 2% per month and other penalties specified may be assessed.

Owners Signature _____ Date: _____

Agents Signature _____ Date: _____

Owner/Agents Name _____ Date: _____

Visa or Mastercard # _____ Expiry: _____

Name on Card : _____