



# General Consent Form

## Agreement

---

The following agreement is made between Southern Cross Wildlife Care (SCWC) and the carer/owner of the animal being presented for care (Carer) or the person bringing the animal on the behalf of the carer/owner (Agent).

- The SCWC agrees to provide diagnostic, therapeutic or preventive care to the animal being presented.
- As Carer/Agent of this animal, I give permission to the veterinary medical staff/volunteers and students to perform diagnostic, therapeutic or preventive procedures as deemed advisable by the attending clinician after consultation with me.
- The Carer/Agent agrees to pay all charges associated with this visit at the time of the animal's release unless otherwise agreed to by SCWC prior to discharge.
- It is understood that information from the animal's medical record and images may be used for teaching or clinical investigation purposes.
- It is understood that should the Carer/Agent place in the public domain (eg, Facebook) any material relating to the treatment or recovery of the animal, that they provide an acknowledgement of the role of SCWC in the animal's treatment
- It is understood that should the Carer/Agent seek medical advice elsewhere, that this information is communicated to SCWC as soon as practical after the advice is received

## Responsibilities of client

---

It is the responsibility of the Carer or their Agent to:

- Disclose relevant, accurate and complete information about the animal's history to our personnel.
- Disclose any of the animal's behavioural issues that may affect patient and staff safety.
- Minimize the risk of bites and scratches and avoid the spread of diseases by limiting your and your animal's interactions with other animals.
- Maintain a respectful demeanour when communicating your needs and concerns to our personnel.
- Abide by our policy to keep large animals safely away from other animals and smaller animals either in their pouches or carriers while on site for the safety of all.
- Abide by our payment policies which are stated on the payment policy information sheet.
- Communicate with our personnel if you are going to be late or need to reschedule or cancel an appointment
- Show respect for other clients, patients and our personnel.
- Abide by our hospitalisation visitation arrangements wherein if visitation is possible, you and a member of your animal's care team will establish a mutually acceptable time for visitation.
- Seek updates from SCWC on the animal should he/she be hospitalised
- Work collaboratively with our healthcare providers to develop and perform agreed-upon treatment plans.
- Abide by all policies of SCWC which are available for viewing at the clinic.

---

This signed authorisation will become part of the medical record and will remain in effect until revoked by the client.

I certify that I have read and fully understand this authorization. I hereby release Southern Cross Wildlife Care, its staff/volunteers and students from any and all claims arising out of or connected with the medical care of the above described animal.

**I am the Carer/Owner/Agent of the animal being presented for care and am over 18 years of age.**

Carer/Owner Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

SCWC

Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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