

**Consent for Waiver of Monitoring or Blood Test(s)
for Drug(s) with Potential Adverse Effects**

Client's Name _____

Patient's Name(s) _____

I am the owner or authorized agent for the owner of the above named pet. I understand that a drug(s) named _____, which has been approved by the Food and Drug Administration (FDA), will be used under the direction of one or more of the doctors at this veterinary practice in an attempt to treat the following medical condition(s):

- arthritis Cushing's disease a seizure disorder a fungal infection an autoimmune disease
- heart failure gastrointestinal disease cancer a behavior disorder
- other _____

I understand that many drugs carry with them the risk of undesirable side effects and that veterinary medicine is an inexact science. The drug being prescribed in this situation has been used safely and effectively to treat this condition in many other animals. However, a small percentage of patients can experience serious adverse effects from its use, up to and including death. The most common and/or serious adverse effects include those checked below:

- liver failure kidney failure vomiting diarrhea suppression of the immune system
- inflammation or irritation of the urinary bladder urinary incontinence (loss of bladder control)
- anorexia (loss of appetite) blood dyscrasia (changes in white or red blood cells and/or clotting disorders)
- sudden death
- other _____

I have been informed of these potential side effects through verbal communication and handout received of the specific drug(s) _____ (*initials*). I accept that to recognize problems that could occur and minimize them during treatment, the doctors and staff at this practice have recommended screening my pet prior to treatment by performing laboratory and/or including but not limited to, other testing such as blood pressure tests, to verify healthy organ function and establish baseline blood or other values. I understand that because of potential side effect occasional occurrence, it is strongly recommended that my pet return to the hospital for intermittent physical examinations and/or diagnostic tests to minimize the chance for harm and/or to treat complications. If I decline to return for these routine follow-up evaluations as directed I will not hold Metropolitan Veterinary Center responsible for subsequent illness, injury or death of my pet. I also accept that it is my responsibility to contact hospital staff, inform them of any of side effects as soon as possible, and/or seek emergency care as needed or directed. Side effects that start out as minor problems can readily progress to emergencies. I have been informed that I also can report such signs to the drug's manufacturer or the Center for Veterinary Medicine at the FDA, 888-FDA-VETS.

The need for these tests has been explained to me. I accept the costs incurred and authorize this facility to proceed with them and, if deemed appropriate, with the prescribed medications. _____ (*initials*)

The need for these tests has been explained to me but I elect not to proceed because of the cost. Nonetheless, I consent to the provision of the prescribed medication. _____ (*initials*)

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the above information and accept the specific terms and conditions set forth herein. In the event I do **not** authorize the recommended pre-treatment blood analyses for my pet, fail to follow through with the recommended periodic lab tests or fail to notify the attending doctor of the above side effects, I agree to hold the attending doctor(s) and staff at this facility and the drug manufacturer harmless for any complications that might have been detected and/or avoided. I agree to pay all cost for the diagnostic efforts and treatments required to treat any adverse effects.

Signature of Owner or Authorized Agent

Date