

Assumption of Risk and Responsibility for Animal Restraint by an Owner in an Ambulatory Setting

Client's Name _____ Patient(s) Name(s) _____

I understand that the restraint of my animal during examinations and basic treatments offered by this ambulatory veterinary practice involves some risk of injuries to myself, my animal, agents of mine, bystanders, and/or the veterinarian/staff. These injuries can be caused by various actions including, but not limited to, bites, kicks, scratches, attacks, and/or sudden movements. As the animal's owner, I am fully aware of such risks and understand that because of the nature of the attending veterinarian's solo or ambulatory style of veterinary practice, **I may be or will be required to assist with the restraint of my animal(s).**

I have been informed or am aware that while other veterinary practices may provide support staff to restrain or assist in the restraint of animals, such assistance generally is not available with veterinary care provided by this doctor and/or an ambulatory practice of this nature. Nonetheless, I request that veterinarians associated with this practice proceed with examinations and appropriate treatments. I am aware that, in some cases, my animal may need to be sedated or anesthetized to provide a safer environment for a complete examination. I agree to assume the risks and responsibilities for the occurrence of any injury or other mishap caused by my animal to himself/herself, the veterinarian, my agents, bystanders, and/or myself.

In the event my animal has shown aggressive behavior toward people or other animals, I agree to inform and advise the attending veterinarian of such tendencies before restraint and/or medical care is initiated. I understand that this consent form applies to all animals that are owned by me or are in my custody or care and is not limited to the one or more animals being examined at the time of this visit.

I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged to discuss any questions I may have and have them answered to my satisfaction. In the absence of negligence, I agree to hold the doctors and staff at this veterinary practice harmless for the lack of response to treatment or any ill effects experienced by my animal(s). I hereby consent to the restraint, examination, and treatment of my animal(s) and accept responsibility for the fees that will be explained and assessed.

Signature of Owner or Authorized Agent

Date