



The Pet Oncologist

Chemotherapy Consent Form

- I understand that my pet has been diagnosed with a type of cancer in which chemotherapy has been recommended for treatment of this condition. After consultation with my veterinarian, I have decided that I wish to undertake chemotherapy either alone or in combination with other treatments for my pet.
- I understand that the effectiveness of chemotherapy (like any other cancer therapy), and the outcome of my pet's therapy cannot be guaranteed. Also, I understand that recommendations and pertinent information regarding prognosis and statistical outcomes that have been provided and explained, does not imply or assure any given responses.
- I understand the risks by proceeding with chemotherapy treatment. My veterinarian has discussed potential adverse effects of chemotherapy and the potential for severe, and rare, life-threatening complications. Every effort will be made to identify, control, and prevent these complications. I also understand that as an owner or caregiver, I am responsible and have the important role of recognising the side effects and alerting my veterinarian of any side effects.
- I have been provided information regarding chemotherapy safety while my pet is actively receiving chemotherapy and I will abide by recommended safety precautions as instructed by my veterinarian.
- I understand that occasionally sedation is required in order to administer chemotherapy safely to my pet, and I hereby give consent to sedation if this is necessary.
- I have read and understand this statement of consent. I have been given the opportunity to fully discuss this and address any questions or concerns regarding my pet's treatment with my veterinarian; and my questions have been answered to my satisfaction that I have made the informed decision to pursue chemotherapy for my pet. Any changes to the treatment protocol will be discussed with me prior, and I retain the right to discontinue therapy at any time of my discretion.

Pet's Name:

Owner or Caregiver

Full Name:

Signature:

Date:

Witness

Full Name:

Signature:

Date:
