



Owner's Consent Form Hospitalization

Phone: 520-795-9955

Fax: 520-795-9960

www.vscot.com

My pet, _____ will be hospitalized and treated for hyperthyroidism at VSCT's facility.

I understand that:

1. VSCT accepts my cat based upon work up, diagnosis and referral from my regular veterinarian. Additional diagnostics may be performed prior to therapy.
2. By State regulations, visits are NOT allowed while my pet is hospitalized.
3. The hospitalization time is 4 days. There will be an additional boarding charge if I am unable to pick up on the release date.
4. By State regulations any items (extra food, containers, blankets, toys, etc...) I leave with my cat cannot be returned to me under any circumstances.
5. If an emergency were to occur, the care provided will be subject to radiation safety regulations.
6. Air travel or international border crossings may be limited based on radiation level within 80 days post treatment. Please contact VSCT for further details.
7. By State regulations, if my pet were to pass on during hospitalization at VSCT or within 80 days after release, special precautions must be taken depending on radiation level. This may require the pet to be held at VSCT for 80 days and cremation may not be an option. _____
(Pet Owner Initials)
8. By State regulations, post-therapy home procedures must be agreed upon prior to treatment of my pet.
9. A very small percentage of cats fail to respond after a single treatment and a second treatment (at no charge) may be necessary. Radioiodine therapy is not a cure for any disease other than hyperthyroidism.
10. The fee for radioiodine therapy is \$1000.00 (the remaining \$750 to be paid at admission).
11. If my cat needs medical care during hospitalization at VSCT, I authorize VSCT to provide the needed care if I cannot be reached at the phone numbers provided and I agree to pay for those additional costs.

I HAVE READ AND UNDERSTAND THE CONDITIONS OF HOSPITALIZATION AND TREATMENT OF MY PET.

Client Signature _____ Date _____