

Good Shepherd Veterinary Hospital

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INFORMED CONSENT FOR CANCER THERAPY USING INVESTIGATIONAL METHODS AND/OR THE USE OF EXTRA-LABEL DRUGS

The goal of Good Shepherd Veterinary Hospital is to effectively manage cancer in pets while minimizing discomfort. In order to treat cancer, various procedures must be used including: 1) surgery 2) radiation 3) chemotherapy 4) immunotherapy and 5) combinations of two or more treatment modalities. Some patients will be placed on clinical protocols for specific tumors where the most effective type of treatment is yet to be determined.

1. I hereby grant my informed consent to the veterinarian named below, and/or such assistants as may be selected by him or her, to undertake one or more of the above procedures on my pet.
2. The possible risks, side effects, benefits, and consequences of the procedures have been explained to me including cosmetic changes and anesthetic risks. I understand that vomiting, diarrhea, depressed blood counts, fever, and even death are possible sequela to these treatments.
3. I authorize the lab test, x-rays, biopsies, and treatments required by the veterinarian(s) to diagnose and properly treat my pet.
4. I authorize the taking and use of photographs for treatment and teaching purposes.
5. I understand that the treatment of cancer in animals is an investigational branch of veterinary medicine. I am aware that most of the chemotherapy drugs to be used on my animal have been used in other animal patients, but that they have not been approved by the FDA for use in animals. Many treatments are of unproven benefit, and I acknowledge that no guarantees have been made to me as to the results of these treatments.
6. I understand that in some cases complication from this cancer therapy may require additional hospitalization and nursing care which will result in further financial responsibility on my behalf. I will be informed of the estimated fees for these services before services are rendered. I understand that in some situations euthanasia will be recommended to prevent unnecessary suffering for my pet or excessive costs.
7. I am aware that cancer treatments are administered on strict time schedules and will do my best to cooperate with the schedules presented to me. I understand that I may withdraw my pet from the treatment protocol at any time.
8. I have been given an opportunity to ask any questions I have concerning this treatment, and all such questions have been answered to my satisfaction.

Signature of Owner/Authorized Agent

Date

Signature of Witness

Date