Good Shepherd Veterinary Hospital
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Consent Form for Use of long-term medications

I understand that the medication named _____, which has been approved by the Food and Drug Administration (FDA), has been prescribed for my pet _____, a ( ) year-old (cat/ dog/ other_____). The medication will be used under the direction of one or more of the doctors at Good Shepherd Veterinary Hospital in an attempt to treat the following medical condition(s):

_____Arthritis _____Cushing's disease

_____Seizure disorder _____Fungal infection

_____Autoimmune disease _____Heart Failure

_____Chronic gastrointestinal disease _____Urinary Incontinence

Other _____

I understand that many medications carry with them the risk of undesirable side effects. 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 adverse effects from its use, which could range from mild to very serious. The most common and/or serious adverse effects with this medication include those checked below:

_____Liver failure _____Kidney failure

_____Vomiting _____Diarrhea

_____Immune system suppression _____Inflammation/irritation of the urinary bladder

_____Urinary Incontinence _____Anorexia (loss of appetite)

_____Blood dyscrasia (changes blood cells and/or clotting disorders)

_____Sudden death

Other_____

I have been informed of these potential side effects and understand that because of their occasional occurrence, my pet will be required to return to the hospital for intermittent physical examinations and/or diagnostic tests to optimize my pet's health. I agree to return for the routine follow-up evaluations as directed. I also accept that it is my responsibility to contact hospital staff, inform them of any side effects as soon as possible, and/or seek emergency care as needed or directed.

I hereby give my informed consent for the administration of this drug to my pet and personally accept both legal and financial responsibility for the use of such drug as well as all diagnostic efforts and treatments required to treat any complications.

_____ _____

Signature of Owner/Authorized Agent Date