

## **INFORMED CONSENT BASICS**

### **WHO MUST GIVE AND RECEIVE THE INFORMATION REQUIRED FOR INFORMED CONSENT?**

The information must be communicated by the treating veterinarian, not by the veterinary technician or staff, to the client.

“Client” means the person who owns or who has primary responsibility for the care of a patient.

### **WHAT INFORMATION MUST BE COMMUNICATED?**

The diagnostic and treatment options and the risks and benefits of those options consistent with the veterinary profession’s standard of care.

“Standard of care” means diagnostic procedures and modes of treatment considered by the veterinary profession to be within the scope of current, acceptable veterinary medical practice.

### **WHEN MUST THE INFORMATION BE COMMUNICATED?**

The information required must be communicated prior to treatment.

### **WHERE SHOULD THE COMMUNICATION TAKE PLACE?**

In a verbal conversation with the client, either face-to-face or over the telephone, but not by simply giving the client a form to read and sign.

### **WHY DO I NEED TO OBTAIN INFORMED CONSENT?**

Obtaining informed consent prior to treatment is not only good business practice, good customer service, and good for the patient – it is the law.

[VE 7.06(23) “Unprofessional Conduct”]

## DETAILED INFORMED CONSENT INSTRUCTIONS (Non Food and Fiber and Non Equine Patients)

1. For all new clients, and for all existing clients, staff shall obtain a completed **Patient Intake form** that is completed by the owner of the patient. The person completing this form must be 18 years of age or older.
2. The **Patient Intake form** is necessary for the veterinarian to obtain written confirmation regarding who he or she must communicate with to obtain informed consent as required by Wisconsin law. To satisfy informed consent, the required communication must be made by the veterinarian to the “client.” “Client” is legally defined as the “person who owns or who has primary responsibility for the patient.” The completed form will provide written confirmation of the following information:
  - ▶ The identity and contact information for the owner and any co-owner(s);
  - ▶ The identity and contact information for any authorized agents, over the age of 18, designated by the owner to have primary responsibility for the patient. Any persons designated as authorized agents on the form will legally also be considered the “client” for purposes of obtaining informed consent.
  - ▶ Specific directions for obtaining informed consent.
  - ▶ Any special instructions for the veterinarian regarding who the veterinarian shall communicate with to obtain informed consent.
3. The **Patient Intake Form** must be signed by the owner before a witness. Any staff in the veterinarian’s office or the veterinarian may serve as a witness. Both the witness and the owner should sign and print his or her name on the signature line so that the name of the person is legible.
4. Once completed, the **Patient Intake form** should be included in the patient record and maintained in the file at all times. The client should receive a copy of the completed Patient Intake form for his or her records.
5. For all visits to the clinic, staff shall ensure the preparation of the **Patient Treatment and Informed Consent form** to document: (a) what information was communicated by the veterinarian to the client; and (b) that the client gave his or her informed consent to the course of treatment.
6. Before beginning to prepare the **Patient Treatment and Informed Consent form**, staff shall always review the **Patient Intake form** contained in the patient’s file to confirm that the person completing the form has authority to do so and is authorized to give informed consent. Staff should confirm that all the information remains current.

7. The completed **Patient Treatment and Informed Consent form** will provide written confirmation of the following information:
- ▶ Date of visit;
  - ▶ Patient name;
  - ▶ Owner or Authorized Agent who is giving informed consent for this treatment and contact information that is current for that day;
  - ▶ Identity of Treating Veterinarian and the Primary Assistant seeing the patient;
  - ▶ The reasons for the patient's visit;
  - ▶ The recommended procedures and medications;
  - ▶ The benefits and risks of those options consistent with the standard of care;
  - ▶ Other diagnostic and treatment options;
  - ▶ The benefits and risks of those other diagnostic and treatment options;
  - ▶ The course of treatment ultimately selected by the client;
  - ▶ If the visit is for routine procedure for which the clinic has an established protocol, staff may provide to the owner or authorized agent the clinic's pre-printed information, if applicable, for the recommended procedures and medications.
8. Staff may actually prepare the **Patient Treatment and Informed Consent form**. However, to comply with informed consent requirements under Wisconsin law, the treating veterinarian (not a veterinary technician or other staff) must, prior to treatment, review with the owner or authorized agent the diagnostic and treatment options and the risks and benefits of those options consistent with the veterinary profession's standard of care. It is recommended that staff complete the date of visit, patient name, owner or authorized agent name, identity of veterinarian and assistant, and reasons for the patient's visit on the **Patient Treatment and Informed Consent form**. It is recommended that the veterinarian complete the remainder of the form during the course of the consultation and communication with the owner or authorized agent.
9. Where there are other diagnostic and/or treatment options which the veterinarian believes the owner or authorized agent should consider, the veterinarian (not a veterinary technician or other staff) must discuss those options with the owner or authorized agent and note on the **Patient Treatment and Informed Consent form** the options discussed and the benefits and risks associated with each.

10. After the veterinarian has communicated the information required for informed consent, the veterinarian shall obtain the initials of the owner or authorized agent confirming on the **Patient Treatment and Informed Consent form** the reasons for the patient's visit and the course of treatment chosen by the owner or authorized agent.
11. The owner or authorized agent shall then sign the **Patient Treatment and Informed Consent form** before a witness before any treatment starts. Either the veterinarian or the staff may sign as the witness.
12. **The Patient Treatment and Informed Consent form** shall be kept in the patient's file, and a copy provided to the owner or authorized agent.
13. If the owner or authorized agent is not physically present at the veterinarian's office with the patient, the above information must be discussed by the veterinarian with the owner or authorized agent by telephone prior to treatment. A notation should be made, where the owner or authorized agent would otherwise sign the **Patient Treatment and Informed Consent form**, that the information was discussed by telephone and that the owner or authorized agent consented to the treatment. A copy of the **Patient Treatment and Informed Consent form** should be sent home with the patient.
14. The Patient Treatment and Informed Consent form should be supplemented, as appropriate, for follow-up visits and continued care.

# VETERINARY CLINIC

## Patient Intake Form (Non Food and Fiber and Non Equine Patients)

### Owner Information

First Name:	Last Name:	M.I.:
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email:	Employer:	
Add'l Owner(s):		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:

### Agent Information

Other than you and any additional owner(s) listed above, are there any other persons to whom you give primary responsibility for the care of the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have checked "Yes" above, please list the name, telephone number, and address for such other persons in the order you wish for us to contact them in the event that you or the co-owner(s) is not available (all authorized agents must be at least 18 years old):
1.
2.
3.

### Patient Information

Pet's Name:	Species:	<input type="checkbox"/> Canine	<input type="checkbox"/> Feline	<input type="checkbox"/> Other		
Breed:	M <input type="checkbox"/>	Neutered <input type="checkbox"/>	F <input type="checkbox"/>	Spayed <input type="checkbox"/>	Color:	Birthdate or Age:

### Informed Consent

I understand that my veterinarian will need to communicate with me, or someone designated by me, prior to treatment of my pet(s) in order to obtain informed consent. For purposes of obtaining informed consent, I direct my veterinarian as follows:

Informed consent may only be provided by me: Yes \_\_\_\_\_ No \_\_\_\_\_

Informed consent may be provided by me or the co-owner(s) above: Yes \_\_\_\_\_ No \_\_\_\_\_

Informed consent may also be provided by the agents above, in the order listed: Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any special directions regarding who my veterinarian should contact to obtain informed consent in an emergency if I, any co-owner, and my authorized agents are not available: \_\_\_\_\_

I further acknowledge that no guarantee has been made as to results that may be obtained. I understand that complications may arise which cannot be predicted and that I will be held financially responsible for any veterinary medical care necessitated by complications.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# VETERINARY CLINIC

## Patient Treatment and Informed Consent (Non Food and Fiber and Non Equine Patients)

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Date: \_\_\_\_\_  
Patient: \_\_\_\_\_

Treating Veterinarian: \_\_\_\_\_  
Primary Assistant: \_\_\_\_\_

Name of owner or authorized agent available for contact today and today's contact information:

The reasons for the patient's visit today are:

\_\_\_\_\_  
Client initials

The recommended procedures and medications are:

The risks associated with the recommended procedures and medications are:

Other diagnostic and treatment options are:

The risks associated with the other diagnostic and treatment options are:

The chosen course of treatment is:

\_\_\_\_\_  
Client Initials

I, the undersigned, certify that I am the owner, or authorized agent, of the patient. I acknowledge that the veterinarian has discussed with me the recommended procedures and medications, the risks associated with the recommended procedure and medications, including the risks of sedatives and anesthetic agents, if applicable, and other diagnostic and treatment options and the risks associated with those other options. I hereby authorize the veterinarian and/or the veterinarian's staff to proceed with the "chosen course of treatment" which I have approved by my initials above.

If unforeseen conditions arise which, in the judgment of the attending veterinarian, call for procedures or treatments other than those now being authorized, I authorize such procedures or treatments if reasonable efforts to contact me for further consent are unsuccessful.

\_\_\_\_\_  
Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_