

Chemotherapy Consent Form

Owner _____

Patient _____

- Has your pet experienced any vomiting or lack of appetite since the last chemotherapy treatment or prior to starting chemotherapy? YES / NO

If Yes, when and how long? _____

- Has your pet experienced any extreme weight loss since the last chemotherapy or prior to starting chemotherapy? YES / NO

If yes, how much and how fast? _____

- Are there any questions or concerns you may have? _____

I, the under signed, hereby give my consent for Belton Veterinary Clinic to preform chemotherapy on my pet. I understand the possibility of my pet having a reaction and give my consent to treat my pet. I also understand that a CBC will be ran prior to any and all chemotherapy treatments. I also understand that my pet will need to be dropped off between the hours or 7:30 a.m. to 9:30 a.m. and will be at the facility all day for treatment and observation after receiving treatment. You may pick up after 5 p.m. but before 5:30 p.m.

Owner Signature _____ Date _____

Emergency contact number _____