



CLIENT CONSENT FOR ROUTINE CAPTURE AND TREATMENT OF WILDLIFE

1. I, the undersigned owner of the following animals

(list all the relevant species), or any other animals I may own in the future, hereby consent to the provision of routine veterinary

services by _____

when such services are needed for my animal(s)

2. In the event that I am unavailable, I authorize _____

(name of manager, relative, employee, neighbor) to act as my agent(s) and request care as needed.

3. I hereby authorize the veterinarians and staff of _____

to perform any reasonable capture method, anesthesia, treatment and surgery they may deem necessary including further or alternative measures as may be necessary during the course of the capture, treatment and / or surgery of my animal(s).

4. I agree to pay for the services within 30 days/ _____ days after receiving the billing statement.

5. I recognize that there is some degree of risk attached to any medical or surgical procedure or treatment. I further acknowledge, that in the case of capture/chemical immobilization of wild animals, there is an additional degree of risk attached, especially because the veterinarian does not have the opportunity to do a pre-anesthetic examination. Furthermore, depending on the procedure and species, non-target animals might be at risk of getting hurt as a consequence of the capture procedure or non-target animals might be immobilized accidentally. I have discussed any concerns I may have with the veterinarian.

CONSENT FOR THE USE OF MEDICINES OFF-LABEL AND COMPOUNDING:

1. I understand that there are often no suitable products registered in South Africa for use in a particular species of animal or for a particular medical condition in that species of animal. Most drugs are not registered for the use in wild animal species.

2. I understand that in order for the veterinarian to be in a position to treat my animal(s), he / she may have to resort to using or advising the use of products registered for use only in other species (including humans), and / or products registered for another purpose.

3. I understand that in order to achieve adequate chemical immobilization of animals, products usually have to be compounded.

4. I understand that treatment with unregistered and compounded products will mean that my veterinarian will be using or advising

I acknowledge that I have read these conditions and hold myself bound thereto.

Full Name and Surname: _____

Signature: _____

Witness: _____

Place: _____ Date: _____

ing the use of such products on my animals outside of the recommendations or even in contradiction with the recommendations contained in the package insert relating to the registration of that product (i.e. "off-label").

5. I accept that there may be known or unknown side-effects and adverse consequences associated with the use of these products under these circumstances. I have discussed any concerns I may have with the veterinarian or appraised myself of the known risks and unconditionally accept the risks related thereto.

ADDITIONAL CONSENT TO TREAT HUMAN DRUG ACCIDENTS

1. I am aware of the dangers to humans during a capture procedure, including the dangers of the veterinary drugs used for immobilisation, darts, animals and equipment. I have discussed any concerns I may have with the veterinarian and my questions have been answered adequately.
2. I hereby give consent that the veterinarian may administer the necessary first aid to myself, my employees, family or bystanders if such a situation arises, including the intra-venous treatment with Naltrexone and / or Naloxone, which is the antagonist to opioids that are used for chemical capture.

I hereby release _____, their directors, agents, employees, students, contractors, representatives, subsidiaries, affiliates and controlling or holding companies from any and all liabilities and claims, arising directly or indirectly from the treatment / anesthetic / capture / surgery of the animals or first aid treatment of humans regardless of whether such claim(s) arose as a result of an act or omission (whether by negligence or not) of any person or from any cause whatsoever.

I acknowledge that I have read these conditions and hold myself bound thereto.

Full Name and Surname: _____

Signature: _____

Witness: _____

Place: _____ Date: _____