



Phòng khám thú y Mayo Vet Care  
11 Lê Thước, Thảo Điền, thành phố Thủ Đức, Hồ Chí Minh  
SDT: 0348 098 055 Email: mayovetcare@gmail.com

## HIGH RISK CONSENT FORM

### Customer Information

Full Name: KIM TAYEON  
Address: C2-1, GRANDVIZWC.  
Phone Number: 0906624220  
Vaccine: /

### Pet Information

Name: OIREO  
Species: DOG  
Age: 5Y 3M  
Dewormed: /

Veterinarian: /

Date and Time of Last Meal: 8PM. 14th Dec.

Medical History: Patella subluxation, Hip Joint Surgery.

Currently on Medication: Nothing Special

Specific Health Condition: Nothing Special.

Treatment Plan: /

Estimated Cost: 2.400.000 Deposit: /

I confirm that I am the legal owner (or authorized representative of the owner) of the pet named above and am authorized to approve the procedures outlined. I agree to allow my pet to undergo anesthesia and receive the medical treatments as determined necessary by the veterinarian, and I have been informed about the potential situations and risks that could arise before, during, and after anesthesia/surgery.

I have been advised that all treatments carry risks, even for healthy pets. The veterinarian has thoroughly explained these risks to me. I agree to be responsible for any additional costs that may arise in emergency situations to ensure the safety of my pet.

I understand that the veterinarian will make the best efforts with the available equipment to perform this surgery. I also understand that medications or treatments prescribed by the veterinarian cannot guarantee a fully successful outcome. The veterinarian will attempt to keep treatment costs within the initial estimate; however, if unexpected circumstances arise, the quote may change. In such cases, the clinic will try to notify the customer in advance. In an emergency, the veterinarian will prioritize safeguarding the life of my pet before contacting me.

I have been informed that my pet's health condition may increase the risks related to anesthesia, surgery, and recovery. These risks include extended recovery times, worsened health, prolonged treatment, and even potential death. The specific risks related to my pet's condition have been clearly explained to me. I also agree that if complications arise that incur additional costs compared to the initial estimate, I will be fully responsible for those financial expenses.

I fully understand the reasons for the treatment, the treatment plan, the risks involved, and potential issues that may arise. By signing this document, I confirm that I am in a clear state of mind, voluntarily and fully aware of the contents. I agree to pay the full treatment cost for my pet upon discharge and commit not to make any claims against the clinic or the veterinarian in the event of any unforeseen circumstances. I take full responsibility for my decision to authorize the veterinarian to proceed with the treatment plan.

Ho Chi Minh City, 14/12/2024.....

Pet Owner's Signature

KIM TAYEON  
KIM TAYEON

Veterinarian's Signature

Vo Van Min, DVM  
Vo Van Min, DVM  
1699 CNTY-CCHN