



NORTH WEST NUCLEAR MEDICINE FOR ANIMALS

CONSENT FORM for RADIOIODINE I-131 THERAPY

Owner:

Address:

Tel. number:

Animal's name:

Species: feline **Breed:**

Colour:

Sex:

1. I have read the Home Care and Radiation Safety Instructions. I am the owner of the animal identified above. I am 18 years of age or older and I have the authority to give this authorization.

2. I understand the radiations safety instructions and agree to abide by them. I acknowledge receipt of a copy of the instructions.

3. The veterinarian has described the procedure above and has explained to my satisfaction the purpose for performing it and the risks involved.

- I understand that there is a chance of continuing hyperthyroidism post treatment. In this case North West Nuclear Medicine will provide repeat radioiodine therapy at no charge within one year of original treatment date if follow-up laboratory tests are performed as recommended.

- I understand there is chance of my cat needing thyroxine supplementation post treatment (approximately 7% in cats without pre-existing renal disease) and that supplementation may be for life.

- I understand there is a chance of my cat redeveloping hyperthyroidism in the future (generally 2 or more years after treatment). I understand that this is due to a growth of a new adenoma/adenocarcinoma and not to failure of this treatment.

- I understand that pre-existing renal disease can be masked by hyperthyroidism and may become apparent after resolution of hyperthyroidism

4. I understand that unforeseen circumstances may be revealed during the identified procedure which, in the opinion of the attending veterinarian, require more extensive or different procedures or treatments. I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain my permission regarding them. However, if the efforts are unsuccessful, I authorize the performance of any procedures or treatments which are necessary in the professional opinion of the attending veterinarian. I understand that fees associated with these treatments are not included in the radioiodine treatment fee.

5. I understand that because of the possibility of radiation contamination, any materials (e.g. blankets, toys, food) that are housed with my cat during hospitalization will not be returned to me.

6. I understand that North West Nuclear Medicine does not have staff in attendance overnight.

7. I have agreed to pay the price discussed at the time of booking for the above procedures and related clinic fees. I will pay this money at the time the animal is admitted/discharged.

8. I understand that photos/videos may be taken of my cat and I consent to their use for public display on social media sites.
Yes No

9. I hereby give permission to proceed with radioiodine (I-131) therapy for my cat.

Owners Signature:

Date: