

Sedation Consent Form

Date: _____

Client's Name: _____

Pet's Name: _____

Phone Number(s): _____

Procedure: _____

Has your pet been sedated before? ____ Yes ____ No

If yes, please list any complications? _____

When did your pet last eat? _____

Any medications, supplements, OTC products, homeopathic remedies given in the last 24 hours? If yes, please list: _____

Any allergies? ____ Yes ____ No

If yes, please explain: _____

Dog:

Tested for heartworm disease within last year? ____ Yes ____ No

Tested for intestinal parasites within the last year? ____ Yes ____ No

Current on heartworm prevention? ____ Yes ____ No

Current on vaccines (da2pp, rabies, bordetella)? ____ Yes ____ No

Cat:

Tested for feline leukemia & FIV within last year? ____ Yes ____ No

Current on vaccines (fvrcp, rabies)? ____ Yes ____ No

Any pet 7 years or older is REQUIRED to have blood work complete prior to any sedation.

If your pet is under 7 years old, we recommend pre-anesthetic blood testing be done, but it is not required. Please check one of the following:

____ My pet is over 7 years old and I understand this fee has been included in the estimate provided.

____ My pet is under 7 years old and I give permission for pre-anesthetic blood work to be done at an additional cost.

___ My pet is under 7 years old and I do NOT want pre-anesthetic blood work done, against medical advice.

Medical history:

Please indicate if your pet has any of the following:

- ___ Heart condition
___ Pregnant
___ Bleeding disorder
___ Seizures
___ Allergies
___ Respiratory condition
___ Diabetes
___ Other: _____
___ Reaction to medication - If yes, which medication(s) _____

Authorization to Proceed:

- I authorize the use of appropriate anesthetics/medications. I understand that even with every conceivable precaution taken, any time an animal is anesthetized there is a risk that an adverse reaction may occur, potentially resulting in death.
- I understand that during the above listed procedure/surgery that an unknown/unforeseen medical condition may become evident that necessitates an extension of or an addition to these procedures. I authorize the performance of such procedures/surgeries as perceived necessary in the profound judgment of the veterinarian.
- I understand that the results of any procedure/surgery cannot be guaranteed.
- I understand the information presented in this consent form.

I give authorization to proceed with this procedure/surgery and to perform any and all life-saving procedures should the need arise:

___ Yes ___ No (do not resuscitate, DNR)

___ I have received and signed an estimate

___ I have not received nor signed an estimate

Signature: _____ Date: _____

Witness: _____