

## 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) \_\_\_\_\_
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**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:** \_\_\_\_\_