

Consent For Sedation



Pet's Name: _____ Owner's Name: _____

Cell Phone: _____ Email: _____

I, the undersigned, being owner or authorized agent of the above described pet, consent to the administration of sedation for the procedure of _____. I understand that such procedures entail a degree of risk, particularly if unforeseen medical or physical conditions exist, and although rare, complications and death can sometimes occur.

I understand that authorizing a blood screen prior to my pet's procedure can reduce the risk. **Results will be immediately available before your pet's procedure.** If there is any indication of an abnormality, we will contact you before proceeding or take steps necessary to ensure the safety of your pets. Please **INITIAL** one of the following:

_____ Profile 1: General blood screen for healthy pets under 7 years old.

_____ Profile 2: Comprehensive blood screen for pets 8 years and older.

_____ I DECLINE blood screening prior to my pet's procedure.

We offer the "**HOME AGAIN**" microchip. This is done safely and painlessly while your pet is under sedation. Please initial:

_____ Yes _____ No

Other medical procedures or services to be provided: _____

**Please list ALL medications given to your pet within the last 2 weeks, including anything given over the counter:

***Daytime phone number** where you can be reached **today:** _____

Signature of owner/agent: _____ Date: _____

How would you like to be contacted regarding your pet's surgery today:

Phone Email Text

Initials of admitting technician/client care specialist: _____