

Patient Label:

Boyd's Creek Animal Hospital Sedation Consent Form

Drop off Date/Time: _____

Pick up Time: _____

Phone number(s): _____

E-mail: _____

Has your pet been sedated before **(circle)**? Yes / No

If yes, please list any complications?

When did your pet last eat? _____

Any pet 7 years or older is **REQUIRED** to have blood work complete prior to any sedation. If you 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 **(initial)**:

___ 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)**.

Please indicate if your pet has any of the following medical conditions:

___ Heart condition

___ Pregnant

___ Bleeding disorder

___ Seizures

___ Allergies

___ Respiratory condition

___ Diabetes

___ Other: _____

___ Reaction to medication - If yes, which medication(s) and explain:

Authorization to Proceed (initial):

___ 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 have received and signed an estimate

___ I have not received nor signed an estimate

I give authorization to proceed with this procedure/surgery and to perform any and all life-saving procedures should the need arise **(circle): Yes / No (do not resuscitate, DNR)**

Signature: _____ Date: _____

Witness: _____