

# Sedation Consent Form

Please Read over carefully, if you need any clarification, please ask a staff member.

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Species: Canine:  Feline:  Avian:  Rabbit:  Ferret:  Pocket Pet:  Primate:  Other:  \_\_\_\_\_

## Procedure(s) Requiring Sedation

Examination:  Nail Trim:  Radiograph(s):  Blood Draw:  Grooming:  Cystocentesis:  Other:

\_\_\_\_\_

\_\_\_\_\_ **Microchip (option)** \$35.00

Millions of pets are lost every year. A tiny microchip about the size of a grain of rice fits in a hypodermic needle just like a vaccination and it injected under the skin where it remains safely for the life of your pet. The Microchip is recognized internationally and has no annual fee.

## Hospitalization and Risk Statement Release

I authorize the Doctors/Technical Staff of *All Pets Clinic* to administer medication, anesthetics, and perform the above procedures on my pet.

I am the owner or agent for the above described animal and have the authority to approve all reasonable costs incurred regarding my pet.

I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner/agent's expense.

In the event that pet may be kept overnight, you should be aware of the accommodations we provide for your pet as well as any potential risks for injury that could occur. We make every effort to keep pets safe from harm and housed separately from each other in a temperature-controlled environment in a latched hospital cage. Your pet will not be wearing any collars, leashes, harnesses or other apparel unless a doctor feels it is necessary for your pet's safety. Clean bedding will be provided as well as food and water if their medical situation allows it.

I understand that *All Pets Clinic* is not responsible for loss or damage to personal items left with pet including but not limited to leashes, collars, toys, bedding, and carriers.

I understand the above anesthetic, surgical, or diagnostic procedures involve risks of complications, injury or even death, both from known and unknown causes and warranty or guarantee has neither been expressed nor implied. Furthermore, I authorize the hospital staff in an emergency situation to follow through with procedures as necessary for the well-being of my pet. **I understand that regardless of the outcome, I am responsible for the fees incurred. *All Pets Clinic* does not bill and all fees are to be paid in full at time of service.**

Signature \_\_\_\_\_ Date \_\_\_\_\_