

Bay Animal Hospital

Sedation Consent Form

Client's name _____ Pet's Name _____

Procedure to be performed _____

Best phone number(s) we may reach you at today 1. _____ 2. _____

Our greatest concern is the welfare of your pet. Before today's procedure, we will perform a physical examination and notify you of any abnormal findings. During the procedure, we will continually monitor your pet's vital signs. These precautions will help to minimize risk. However, even healthy patients with close monitoring have a small chance of complications, up to and including death. To further decrease any risks and ensure your pet's health and safety, we strongly recommend blood testing to identify unseen disorders of the liver, kidneys, and/or immune system.

These pre-sedation blood tests are strongly recommended for all pets, especially those over 7 years of age or with pre-existing medical conditions. Please initial one:

_____ **YES**, I want my pet to have the recommended blood work (cost is in addition to cost of the procedure)

_____ **NO**, my pet has had recent blood work (within the past 1-2 months) that the doctor has reviewed

_____ **NO**, I decline the recommended screening and understand the above-stated risks

Please check any additional procedures that you would like us to perform on your pet today (to be completed at the doctor's discretion):

Nail Trim _____ (courtesy)

Anal gland expression _____

Microchip _____ (includes 1yr reg.)

K9 Ear cleaning _____

X-rays _____ (\$ varies)

Vaccinations _____ (\$ varies)

Other _____

Please initial one of the following:

_____ **I have received a written estimate for today's procedure**

_____ **I would like BAH to call with an estimate prior to my pet's procedure**

_____ **I do not require an estimate**

Has your pet eaten in the last 8 hours?

_____ **YES** - Last time pet has eaten? _____

_____ **NO**

Is your pet acting normally at home?

_____ **YES**

_____ **NO - explain** _____

In the event of an emergency, Bay Animal Hospital veterinarians will perform CPR/life-saving measures while we attempt to reach you. Please initial and confirm below your authorization:

_____ **Perform CPR** _____ **Do Not Perform CPR**

I have read and understand this consent form and give Bay Animal Hospital permission to sedate my pet. I understand that payment is required in full at pickup and I may be asked to leave a deposit at drop-off.

X _____
Signature of Owner / Authorized Representative

Date