

SEDATION FORM

OWNER'S NAME: _____

PET'S NAME: _____

TODAY'S CONTACT NUMBER(S): (Primary) _____

(Alternate) _____

SEDATION POLICIES & PROCEDURES: *Please review and initial.*

Consent

I, the undersigned owner or agent of the pet identified above, hereby request and authorize the staff of Memorial Veterinary Clinic to use a sedative to treat my pet. I consent to and authorize the performance of such as necessary in the veterinarian's professional judgment.

Initial: _____

Examination

I understand that all patients will receive a thorough examination before sedation. Memorial Veterinary Clinic uses the safest sedative available. I understand that there are risks associated with the use of any medication. I also understand that certain risks and complications are associated with any operation or procedure of this type, including death. I acknowledge that I have had the opportunity to speak with a Memorial Veterinary Clinic licensed veterinarian about the risks and complications associated with the above-listed procedure(s).

Initial: _____

In Case of Emergency

I am over 18 and understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, I agree that in the event my pet experiences a cardiac, respiratory, or other life-threatening emergency that requires resuscitative or other urgent care measures, such as cardiopulmonary resuscitation (CPR), positive pressure ventilation, emergency drugs, or other similar measures, I request that the veterinarians and/or trained staff at Memorial Veterinary Clinic pursue such medical care as indicated below. **(client required to select one)**

Resuscitate (R): I authorize emergency treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments) and understand this may result in additional charges. I agree to pay for these emergency and life-stabilizing treatments even if they exceed any estimate I may have been provided.

Do Not Resuscitate (DNR): I do NOT authorize emergency treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments) and prefer to be contacted before any additional treatment is performed.

Liability Release

If my pet injures itself in an escape attempt, refuses food, soils itself, becomes ill, or passes away at the hospital, I will hold Memorial Veterinary Clinic and staff free of all responsibility and/or liability in the absence of gross negligence.

Initial: _____

Authorization

I hereby certify that I have read and fully understand this authorization for sedating my pet at Memorial Veterinary Clinic. I assume financial responsibility for all charges incurred to the above pet(s) and agree to pay all such charges after this stay.

Signature: _____

Date: _____