



SEDATION CONSENT FORM

Owner Name: _____ Pet Name: _____

Procedure/Diagnostics: _____ Estimated Cost: _____

Today your pet will be sedated to have the above listed diagnostics/procedure performed. If your pet is not up to date with their annual physical examination, one will be performed at your expense.

List any medications your pet is currently on: _____

Sedation:

We will take all measures to ensure a safe sedation for your pet, however all sedatives have risks. Your pet will likely be a little groggy from the sedatives but they should be back to themselves by tomorrow.

Procedures/Diagnostics: Please check all that are to be performed today:

- Blood work Radiographs Ultrasound Ear cleaning
 Foreign body removal Teeth hand scaling Wound/laceration repair
 Other: _____

Medications to go home: I request the following medications to go home:

Pain medications Sedatives Other: _____

Other requests: _____

Payment is due at the time services are rendered. We accept: Cash, Check, Visa, Mastercard, and American Express

I hereby authorize Contra Costa Veterinary Hospital to use sedation on my pet for the above listed procedures/diagnostics. I understand that sedation poses a risk to my pet regardless of their health status. In the event of unforeseen complications, I authorize the doctors and staff to perform any life saving procedures deemed necessary and agree to pay for all charges that are incurred as a result.

By signing below I agree that I understand and consent to the document and will not hold Contra Costa Veterinary Hospital or its staff liable for any complications.

Signature: _____ Date: _____

Today's phone number(s): () _____ - _____ () _____ - _____

Check here if you would like us to text you when your pet is ready to be picked up.