

Pre-Injectable Consent Form

Client Name: _____ Pet Name: _____ Date: _____

1st Contact Number: _____ 2nd Number: _____ 3rd Number: _____

Please be sure to provide a number that you can be reached immediately.

I understand that in performing today's procedure my pet will receive an injectable sedation. I understand that there may be risks associated with sedation. I understand that I am encouraged to discuss any concerns I have about those risks with the doctor or veterinary technician.

_____ (initial)

Injectable Anesthetic for sedation

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. If an anomaly is detected by our veterinarian (for instance, heart murmur), the doctor may require more tests to be done before proceeding with an injectable sedation. Your pet will need to stay under our staff supervision until he/she recovered well from the procedure. One of our staff will call you once our veterinarians decide that he/she is well enough to go home.

I understand there are risks associated with sedation. If a complication occurs during sedation, **CPR may need to be performed on your pet.** This includes, but not limited to, cardiac compressions, manual ventilation, emergency medications or other interventions. CPR is performed on a patient who has stopped breathing or whose heart has stopped beating. If you choose to elect DNR, that means that if your pet stops breathing or his/her heart stops beating, then no effort will be made to attempt to revive your pet.

Please initial one of the following:

_____ CPR treatment and the costs associated.

_____ DNR "do not resuscitate." This is a decision that CPR is not to be performed.

Discharge Information

The patient will receive a narcotic/sedative which may make him/her sleepy & alter coordination for the next 24 hours. Restrict normal activities for the next 24 hours. Notify your veterinarian if you notice some discomfort following this time period.

VCA Kingwood Animal Hospital

2526 Green Oak Dr. * Kingwood, TX 77339 * 281-358-3146
Dr. Zacek, DVM, Dr. Rodriguez, DVM, Dr. Burlone DVM, Dr. Jones, DVM
Dr. Carina Hopper DVM

Continue to give all medications prescribed unless otherwise noted. In case of emergency contact the emergency client at 281-446-4900. Resume a regular diet unless otherwise noted.

Please answer the following questions:

When was the last time your pet had anything by mouth? _____

Has your pet ever had any known adverse reactions to sedation or anesthesia in the past? _____

Is your pet currently on any medication? Please list: _____

When was the last time the medication was administered? _____

Would you like your pet microchipped while under sedation? _____

Cost of microchip: \$39.99

**** We offer complimentary nail trims for anesthetic/sedation procedures. Please let us know if you DO NOT want your pet's nails trimmed.**

I am the owner (or a representative of the owner) of the animal presented and have the authority to execute this consent. I understand that current vaccines are required for all pets entering this hospital. If vaccinations are not current, they will be updated at the doctor's discretion. I have been advised on the nature of the procedures. I realize that the results cannot be guaranteed, and I understand that anesthesia carries some element of risk. I also understand that every precaution is practiced to ensure the safety of my pet.

I hereby consent and authorize this hospital to anesthetize my pet and perform the above procedures.

Signature of owner/owner's representative

Date