



Sedation-Anesthesia Consent

Pets Name: _____

Procedure: _____

Today's telephone: _____

For the safety and comfort of your pet(s), and for your peace of mind, we follow a minimum set of requirements before, during, and after sedation or anesthesia. Our greatest concern is the well being of your pet, before sedation or anesthesia we perform a full examination. However many conditions, including liver, kidney, or blood disorders, make sedation and anesthesia risky. **Only a blood test can alert us to these conditions.** This test is necessary before performing any procedure under sedation or anesthesia. The veterinarian may also customize the diagnostic tests necessary for your specific pet. **Most owners choose the required blood test for their pet's safety.**

Please choose:

_____ Comprehensive blood testing (\$151.10)

_____ I decline the recommended blood test on my pet. I fully understand the possible consequences of sedation or anesthesia being performed without the knowledge obtained from the recommended blood work.

Please answer the following questions:

1. Did your pet eat or drink after midnight? Yes No If yes, please explain _____
2. Did your pet urinate today? Yes No Defecate? Yes No
If yes, was it abnormal (i.e. diarrhea) please explain _____
3. Has your pet had any unusual symptoms over the past two days: coughing/sneezing/vomiting Yes No
If yes, please explain _____
4. Is your pet on a monthly heartworm preventative? Yes No Type of prevention: _____
Last heartworm test (date) _____
5. Please list ALL medications and supplements that your pet is currently taking: _____

6. Does your pet have any known allergic reactions?: _____
7. Has your pet ever had a seizure? Yes No
8. Do you want your animal to have IV fluids while under anesthesia? Yes No
9. Would you like your pet microchipped while under anesthesia? Yes No Already Microchipped

I am aware that if my pet has fleas or ticks, it will be treated and I will be responsible for the charge.

I understand that my pet's leg **WILL BE SHAVED** today if the placement of an IV catheter is required.

I understand that if this is the first visit for my pet, I will be charged an exam fee.

I certify the following:

- I, the undersigned owner or responsible agent, hereby authorize the use of appropriate anesthetics, medicines, and diagnostic tests deemed necessary by the doctor at Vero Beach Veterinary Hospital.
- I understand that unforeseen complications or life threatening situations may occur during the procedure; and I authorize the veterinarians and support staff to alter the procedure and to provide such treatments, in the doctor's professional judgment, as necessary to safeguard the life and health of my pet.
- I agree to assume for financial responsible for the balance of today's procedure, regardless of all possible outcomes.

Signature _____

Date _____