



Anesthesia/ Sedation Consent

Owner's Name: _____

Address: _____

Patient's Name: _____

Species: _____

Breed: _____

Sex: _____

Date of Birth: _____

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type (e.g but not limited to reaction to anesthetic medications, respiratory or cardiac arrest & death). They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

I understand the hospital support personnel will be used as deemed necessary by the veterinarian.

Signed: _____

Date: _____