

**GENERAL INFORMATION:**

Today's Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

**MEDICAL HISTORY:** Patient withheld from food? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Last meal given: \_\_\_\_\_

Please list ANY medications your pet is taking and when last given: \_\_\_\_\_

Please list ANY current or past medical problems, conditions, or drug allergies: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

**SEDATION CONSENT:** Procedure(s) to be performed: \_\_\_\_\_

I am an adult and the legal owner of the above named animal or I am responsible for it and have authority to execute this consent. I authorize the performance of the procedure(s) stated above. I authorize the use of such anesthetics the veterinarian deems advisable and performance of such surgical and/or therapeutic measures you determine indicated to accomplish the above procedure(s). Realizing all surgery and anesthesia carries some risk, I agree to indemnify and hold the hospital, doctors and staff of Small Animal Medicine & Surgery harmless from and against all liability arising out of the procedures referred to above.

**Financial Information:**

It is our goal to insure you are knowledgeable about the procedure(s) we are performing on your pet. We make every effort to prepare owners for their financial obligations prior to surgery. Please remember an estimate is just that, an estimate of fees.

**CPR:**       I Elect CPR in the rare event of medical emergency.       I Decline CPR

By signing below, you have read, understand and agree to the above information.

\_\_\_\_\_  
Signature of Adult Legal Owner or Responsible Party

\_\_\_\_\_  
Date