Schulhof Animal Hospital
WELLNESS CENTER AND PET SPA
199 Post Road West
Westport, CT 06880
(203) 226-1231
schulhofanimalhospital.com

Sedation for Radiology Consent Form

Owners Information

Name: _____

Address: _____

Home Phone: (_____)_____-_____ Work Phone: (_____)_____-_____

Emergency Contact: _____ Emergency #: (_____)_____-_____

Pet's Information

Name: _____

Species: _____ Sex: ____ Breed: _____ Color: _____

I certify that I am the owner and responsible party for the above described animal, and that having understood the risks involved, including death, have the authority to grant you my consent to receive, prescribe for, treat, and sedate my pet for a radiological procedure.

I have had an opportunity to discuss the risks of sedation and the proposed procedure with the attending doctor. I understand that Schulhof Animal Hospital will perform a pre-sedation physical examination prior to sedating my pet.

I am aware that the staff will be monitoring my pet at all times while under sedation in order to minimize any associated risks. However, while Schulhof Animal Hospital will provide appropriate medical care, and will follow every reasonable precaution, I will not hold the clinic and staff of Schulhof Animal Hospital responsible or liable in any manner in connection with the injury, or death of my pet. I thoroughly understand that I assume all risks in this respect as well as responsibility for all charges incurred in the care of my pet while at Schulhof Animal Hospital.

I further understand that all charges, including boarding costs, shall be paid upon release of my pet from Schulhof Animal Hospital. I understand that if my pet has not been picked up within 10 business days of the designated discharge date, and there has been no correspondence pertaining to changing the discharge date, then the animal will be considered abandoned. The animal will become the property of Schulhof Animal Hospital and will be handled as the hospital sees fit. It is understood that this does not relieve me of paying all costs for services rendered, use of the facility, and the cost of boarding.

After **carefully** reading the above, I have signed in agreement.

_____ _____ Date ____/____/_____

Signed Print Name