

Sedation Consent Form

Owners Information				
Name:				
Address:				
Home 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.

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.

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

Date ____ / ____ / ____

Signed

Print Name