



Sedation Consent Form

Client Name _____

Pet's Name _____ Age _____

Sedation and procedures to be performed:

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am _____/am not _____ (check one) eighteen years of age or older and authorize the veterinarians at OAKBROOK ANIMAL HOSPITAL to perform the above procedure(s). I understand that some risks always exist with sedation and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I certify that no guarantee or warranty has been made regarding the results that may be achieved. I acknowledge that the entire fee is payable when the service is performed. Should unexpected life saving emergency care be required and the hospital's staff is unable to reach me, the staff **has** _____/does not have _____ (check one) my permission to provide such treatment and I agree to pay for such services.

If your pet has been under anesthesia in the past, has it ever had any anesthetic difficulties? **Yes** _____ **No** _____
If so, please describe the difficulties and drugs used if known.

Parasites

If parasites (ticks, fleas or intestinal worms) are found on your pet while in our facility, they will be treated at your expense to prevent exposure to other pets.

Microchip Identification Implant

Check if you would like your pet to have a Microchip implanted today. (\$59.99)

Services Needed: **DOG** Rabies Distemper Bordetella Lepto Fecal Test Deworm HWT
CAT Rabies FVRCP Leukemia Fecal Test Deworm FeLV/FIV test

Additional services desired while at hospital: _____

What, if any, medication is your pet taking? _____

Time of last dose? _____

Signature _____

Date ____/____/____

Daytime Phone (Emergency Contact) _____ Texting OK? **Yes** **NO**