

Sedation Consent Form



**Hill Country
Veterinary Hospital**

Pet Name: _____

Client Name: _____

Contact number for today: _____

Email: _____

Preferred method of contact: (circle one) call / text

Last time my pet ate: _____

Last time my pet went to the bathroom _____ Urine / BM / Both

I, the undersigned owner, of the pet identified above, authorize Hill Country Veterinary Hospital to sedate my pet for the following procedure: _____

Hill Country Veterinary Hospital recommends pre-sedative bloodwork before any sedative procedure. This is to help minimize risks during sedation by evaluating the status of your pet's major organ systems.

I authorize Hill Country Veterinary Hospital to perform pre-sedative bloodwork. YES ☐ / NO ☐

I hereby authorize anesthesia/sedation for my pet. I understand that some risks always exist with anesthesia/sedation and that rare complications may arise, including anesthetic death. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Hill Country Veterinary Hospital, the veterinarians, or any staff member liable for any complications that may arise.

I have read and understand the above statement. _____ (please initial)

Full payment is expected at time service is rendered. I understand the risks associated with procedures performed at Hill Country Veterinary Hospital

Signature _____

Date: _____