



Centerville Animal Hospital
300 Centerville Turnpike S.
Chesapeake, VA 23322
(757) 482-9410

AUTHORIZATION FOR SEDATION

I, {FULLNAME}_____ (owner’s full name), authorize the veterinarian(s) of Centerville Animal Hospital to sedate or anesthetize my pet, {NAME} _____ (pet name), for the following procedure:

_____.

I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian. I have been advised as to the nature of this procedure to be performed and the risks involved. I understand that sedation and anesthesia have inherent risks, even in apparently healthy animals. Depending on the type of agent(s) used, risks include: seizures, temporary behavioral changes which may include aggression, low blood pressure, central nervous system or respiratory depression, or heart arrhythmias that may even lead to full cardiac arrest or death. These risks are minimal in patients with no pre-existing health conditions, but increase if the patient has diseases of the heart, kidneys, liver, or brain. I understand that pre-anesthetic testing such as blood tests and cardiac testing are available to me before my pet is sedated to aid in screening for pre-existing diseases that increase the risk of complications. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian’s professional judgement. I accept responsibility for any result in additional charges. I agree to be responsible for all charges incurred while my pet is in the care of this facility and understand that payment is due at the time my pet is released from the hospital.

{CLIENTSIGNATURE}
(Owner’s signature)

{CURRENTDATE[LONG]}
(date)

Pre-anesthetic Testing

(Required for pets over 5 years of age)

Yes, I elect to have pre-anesthetic blood work screened prior to anesthesia at an additional charge.

No, I decline pre-anesthetic blood testing. Initials_____

Pre-anesthetic Cardiac Testing

(Required for pets with known or suspected cardiac abnormalities)

Your veterinarian has recommended the following pre-anesthetic cardiac testing:

- None
- Blood pressure evaluation
- Electrocardiogram (ECG)
- 2 View Thoracic Radiographs
- 3 View Thoracic Radiographs
- Echocardiogram

Initials: _____

IV Catheter

An IV catheter may be placed during the procedure today at an additional charge.

Initials: _____

Flea Policy

If fleas are found on my pet upon admittance, Centerville Animal Hospital will apply flea control at an additional charge.

Initials: _____

Anesthesia

I understand that it may be necessary to progress to general anesthesia during the procedure if sedation is deemed insufficient or if complications should arise. This could include (at an additional charge) tracheal intubation, IV fluids, and additional monitoring methods.

Initials: _____

Contact Information

Centerville Animal Hospital can contact me at the following number(s) for any questions or comments regarding my pet: Home: _____ Work: _____ Cell: _____.

Would you like to receive text updates in addition to the phone call that you will receive once your pet has recovered from his/ her procedure?

- Yes
- No

If I am unreachable for any reason during a perceived emergency situation with my pet, I authorize the veterinarian to act in the best interest of my pet and am aware that this may result in additional charges. If I am unreachable, I accept that there may be delays or postponement of services.

Initials: _____