



# Anesthesia/Sedation Consent Form

**Client**

First Name  
Last Name  
Street Address  
City, ST

**Patient:****Breed:****Procedure(s) or Treatment(s):****Additional Services while under anesthesia/sedation:**

*\*\* Nail Trims are performed complimentary with any anesthetic or sedated*

- Ear Cleaning \$25.00 - *\*\* Depending upon severity of build up and*
- Anal Gland Expression
- Microchip (Including first year's registration) \$19.99

A pre-operative blood panel will be performed on ALL patients admitted for a general anesthesia procedure. At the attending doctor's discretion, a pre-operative blood panel may be performed on patients receiving sedation. This is to ensure your pet's ability to process the anesthesia and to avoid any complications that could arise.

No patient will have their procedure done without the results of their bloodwork. If there are any concerns the doctor may have with these results, you will be notified immediately via the contact number listed below and the doctor will discuss proceeding with the procedure or provide an alternative treatment plan.

Any changes with the estimate you were originally provided will first be approved by you before the doctor and/or technicians proceed.

If the doctor cannot reach you at the number you have provided us, then the he/she will use their professional judgement in deciding what will be best for your pet.

*\*\* This can include extractions, medications, and go home treatment(s).*

I agree to the above mentioned procedure(s) and/or treatment(s) to be performed on . I understand that with any anesthetic/sedated procedure there may be complications that could arise and that the doctors and staff at Paradise Pet Hospital will provide the best care possible in aiding my pet. Should there be any emergencies, I am available at the number listed below.

I acknowledge that I have been given an estimate for the above mentioned procedure(s) and/or treatment(s) and understand that it is an ESTIMATE and that final costs for the procedure(s) and/or treatment(s) could be more or less. I understand that Paradise Pet Hospital has a No Billing policy. I also understand that a deposit may be required prior to admission.

**Contact Number:**

Signature