



Your *other*
family doctor.

Consent for Sedation

Owner _____ Date _____ Weight _____

Patient _____ Sex _____ Age _____

Procedure to be performed: _____

When did your pet last: Eat _____ Drink _____ Urinate _____ Defecate _____

What is your pet's normal diet? _____

What medication(s) or supplements is your pet taking, and when was last administration?

Additional services you would like performed for your pet today:

____ Nail trim (courtesy)

____ Microchip

____ Anal gland expression

____ Preliminary hip xray

____ Hygiene trim/potty patch

____ Other:

Please list any medications or products you would like us to have ready for you today:

Phone number(s) where I can be reached today: _____ or _____

Phone number(s) where I can be TEXTED at today: _____ or _____

I authorize _____ to pick up my pet on my behalf

I authorize sedation and the procedure(s) described above for my pet. The nature and risks of this procedure have been explained to me. I understand that some risk exists with sedation and I have discussed any concerns associated with these risks with the veterinarians of Harmony Animal Hospital and their staff before the procedure(s) started. My signature on this consent form indicates that all questions have been answered to my satisfaction. I authorize the veterinarians of Harmony Animal Hospital to perform any additional diagnostics, treatments, or surgical procedures deemed necessary for medical or surgical complications and any unforeseen circumstances that may occur. While Harmony Animal Hospital provides the highest quality of sedation monitoring and surgical services, I understand the risks and understand that the veterinarian and hospital team will do everything possible to reduce these risks. I will not hold Harmony Animal Hospital, the veterinarians, or any team member liable for any complications that may arise. **I HAVE READ AND FULLY UNDERSTAND THIS PROCEDURE AND SEDATION CONSENT FORM. Please understand that we may NOT contact you regarding the status of your pet prior to 4:30pm unless there is a medical emergency, in which case we will contact immediately.**

Client Signature

Date

Items left with pet _____

Expected Discharge time _____ Admitting Technician _____