

SEDATION/ANESTHESIA CONSENT FORM

This form is available to download on our website www.elliottbayah.com

I, _____, am at least 18 years of age and I am the legal owner of the animal described in this medical record. I am admitting my pet (name) _____ a sedated/anesthetic procedure to be performed by one of the Veterinarians at Elliott Bay Animal Hospital.

Phone numbers: (1st) _____ **(2nd)** _____

E-mail (optional) _____

In the event your pet will need to stay overnight, what do you feed your pet and how much?

Sedated/Anesthetic procedure being done: _____ X-rays
_____ Ear Flush
_____ Abscess
_____ Other _____

In the event I cannot be reached at the numbers above I request:
The doctors/staff continue with all appropriate medical care as needed.
Discontinue medical care until I can be reached.

Does your pet need a prescription refill today?.... YES NO Please specify _____

Does your pet have a microchip?..... YES NO
Has your pet eaten this morning? YES NO
Has your pet had morning medications (list if any) YES NO

My signature below verifies the following:
A) The diagnosis, medical/surgical care and post surgical care has been described to my satisfaction.
B) A financial estimate has been prepared for me. I understand these expected costs are only estimates and that situations can arise that would alter the actual medical cost.
C) I accept that all medical/surgical procedures involve some risk. I understand that these risks include but are not limited to:
1) General anesthesia. I realize that some patients may have adverse reactions to anesthesia that may result in permanent injury or death.
2) Infections can complicate would healing. I realize that despite all precautions, a small percentage of patients may develop infections. I understand that these patients require additional medical care, which is not covered in my medical estimate.
3) Unexpected outcomes. I understand that no promises or warranties can be given. I realize that complications can occur at any point during the procedure or the healing process. I accept that some complications can prevent my pet from achieving the outcome I had hoped for.

SIGNATURE _____ DATE _____

Thank you for allowing us to care for your pet!