



Consent Form for Sedation

Date: _____ Patient: _____ Client: _____ Client #: _____

Is pet fasted? No Yes

Is pet on any medications? No Yes (Name/Dose/Last given) _____

Any signs of illness? No Yes _____

Sedation \$89.50 Hospitalization fees may also apply.

Procedure to be performed under sedation

Examination \$104.50 Biopsy \$ _____

X-ray \$189.50 (price may vary) Shave Down \$85.00

Blood Work

Growth Removal Would you like the growth sent for analysis? No Yes (additional fees apply)

Location of lump(s): _____

Other procedure: _____

Intravenous Fluids may be administered during anesthesia to help maintain blood pressure, increase circulation and help your pet recover more quickly.

Additional Options (Check accept or decline)	Cost	Accept	Decline
Pain Management: A liquid medication given once daily for 3 days to help reduce pain and inflammation.	\$28.14	<input type="radio"/>	<input type="radio"/>
Elizabethan Collar: Prevents licking or chewing of the incision area.	\$9.60-48.49	<input type="radio"/>	<input type="radio"/>
Medical Shirt: Prevents licking or chewing of the incision area.	\$40.06-46.95	<input type="radio"/>	<input type="radio"/>
Pedicure: Nails are clipped while your pet is under sedation. **Cost will vary depending on the level of sedation the pet is under.	\$0.00-25.75	<input type="radio"/>	<input type="radio"/>
Vaccinations: Our clinic recommends all pets have up to date vaccines. This helps prevent the spread of infectious diseases.			
Core vaccines: \$104.50-134.50	I authorize vaccines <input type="radio"/>	My pet is vaccinated <input type="radio"/>	I decline vaccines at this time <input type="radio"/>

I authorize the veterinarians and staff at Victoria Vet Clinic to perform cardiopulmonary resuscitation (CPR) (including chest compressions, intubation, and emergency medications) in the event of a respiratory or cardiac arrest.

Accept Fees apply Decline

- I authorize and direct the Veterinarians of the Victoria Veterinary Clinic to perform the services indicated above and/or do any other therapeutic procedures that in their judgment may dictate to be advisable for my pet's well-being. The risks and nature of the procedures have been explained to me, and no warranty or guarantee has been made as to the result or cure.
- I hereby authorize and direct the Victoria Veterinary Clinic to provide such additional services for my pet as they deem reasonable and necessary, including, but not limited to the administration of anesthesia and the performance of services involving pathology and radiology, and I hereby consent thereto.
- Fees must be paid before my pet leaves the clinic.

I may be reached at the following number(s) _____

Print name _____ Signature _____