



Grooming Sedation Release

Client Name: _____
Phone #: _____ Work (if available): _____
Pet's Name: _____ Breed: _____ Sex: _____ Age: _____

If your pet needs to be sedated for grooming, an annual physical exam and blood work are required for your pet's safety.

Our hospital policy for all animals 6 years and older is to have an annual exam and blood work done. This is to ensure that your pet's organs (kidneys and liver) are functioning properly to allow your pet to be safely sedated.

If you are a new client and your pet is over 6 years, and needs to be sedated, we are required by law to have a doctor patient relationship. This means a doctor will give your pet a complete physical exam.

If your pet's bloodwork is current within the last year, please provide us with the medical records.

Anesthesia is relatively safe with a low rate of complications. Nevertheless, occasional problems may arise due to unforeseen or pre-existing health conditions not evident during a physical exam. Every animal undergoing anesthesia deserves to be screened for internal problems not readily evident on the external physical examination; at a minimum these include drawing a single blood sample to evaluate for: anemia, infection, liver and kidney diseases and diabetes. These tests help determine the ability of your pet to undergo anesthesia. The fee for this procedure is \$65.

I understand the above indicated testing is required for my pet and will be conducted.
The fee for this procedure is \$65.

I understand that my pet may require a physical examination prior to blood work, the fee for this procedure is \$42.50.

Owner Release:

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or a different procedure than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have advised as to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed.

Our hospital policy requires that all pets have current vaccinations. My pet has been vaccinated by a licensed veterinarian or will be vaccinated while here. ***I will provide proof if vaccinated elsewhere.***

I certify that I am the owner or the authorized agent for the owner of the animal described above. I have the authority to execute this consent.

The nature of these operations or procedures has been explained to me and I understand what will be done. I have read and understand this authorization and consent.

Date: _____ Owner or agent: _____

Phone number where you can be reached: _____