



SEDATION / ANESTHESIA RELEASE FORM

DATE:

Client:

Patient:

It is very important that we are able to contact you today. Where can you be reached?

Primary number: (_____) _____ Secondary number: (_____) _____

Procedure: _____

_____ I understand that all veterinary treatments bear inherent risk of injury or even death and I acknowledge that such problems are not always predictable, preventable, or reversible. These events, while tragic, do not alleviate me from my financial responsibility for treatments rendered nor do they create any liability on Pearland Animal Hospital.

_____ I understand that any treatments or diagnostics included on the estimate may or may not be administered to my pet at the discretion of the veterinarian.

_____ I acknowledge that Pearland Animal Hospital may attempt to contact me at the phone numbers listed above to discuss changes in my pets plan or status; however, if I cannot be contacted in a timely manner, I understand that the veterinarian will continue treating my pet in whatever way he or she deems necessary and appropriate.

_____ I understand that my pet will be administered any overdue vaccines deemed necessary to preserve his/her health and the health of other animals in this facility regardless of whether or not they were included on an estimate and that they will be added to the final invoice.

_____ I acknowledge that I will be financially responsible for all treatments performed on my pet.

STOP AND REVIEW BEFORE SIGNING BELOW

_____ I elect CPR (Resuscitation) to be performed on my pet if my pet suffers respiratory or cardiac arrest. I understand that my pet may not respond to CPR or may respond initially and then suffer another arrest later. I understand additional fees apply when CPR is performed.

_____ I elect to have DNR (Do Not Resuscitate) orders placed on my pet today.

I have read and understand the above consent form and authorize Pearland Animal Hospital to perform my pet's treatment plan as described. I acknowledge that I have been offered an estimate, either written or verbal, and that I assume full financial responsibility for all charges incurred.

Owner Signature

Date

*Thank you for choosing Pearland Animal Hospital.
Please call (281) 485-2496 if you have any questions or concerns.*