ROSS BRIDGE ANIMAL HOSPITAL

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FOR OFFICE USE ONLY:
Procedure(s) to be Performed: _____
Veterinarian for Procedure: _____
Check-in Nurse: _____

Groom/Exam Sedation Consent Form

For

_____
Patient Name

Date and Time of last meal: _____

Current Medications: _____

Pre-Anesthetic Bloodwork:

Any procedure requiring general and/or local anesthesia can carry risks of serious complications or death. To minimize these risks, bloodwork is recommended in order to assure proper function of organs, platelets, as well as red and white blood cells. The Complete Blood Count (CBC) is a more sensitive indicator of disease than the physical exam alone, as these values can change within hours due to acute infectious diseases. Abnormal glucose levels can increase anesthetic risk and differ markedly between fasted and non-fasted samples, breeds age, sick, and healthy patients. Evaluating electrolytes, hematocrit, and total protein in fasted patients is essential for monitoring during anesthesia, minimizing the risk of arrhythmias and hypotension, and facilitating patient recovery.

Please initial below for your decision on the recommended BLOODWORK outlined above:
(The cost for this bloodwork is $161.20)

YES _____ NO _____

Would you like your pet to have any additional services performed while they are sedated?
(Nail trims, and anal gland expressions are included in all grooms.)

Nail trim _____ Other (Please explain): _____

Should unexpected life-saving emergency care be required, I would like the hospital staff to (initial one):

_____ Make every effort to resuscitate.

_____ Do not attempt resuscitation.

Whether or not this is the first time my pet is being sedated, I understand that the type of sedation used will be up to the veterinarian, and will be chosen based on the pet's health, age, and degree of sedation needed to keep both your pet and staff members safe. I understand that it is not guaranteed that a chosen sedation will be 100% effective, and because of this, some parts of the planned procedure may have to be forgone.

I have read and understand the above statement (please sign): _____

As the owner of _____, I certify that I am over the age of 18; and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. I understand that there are risks inherent with any anesthetic procedure, as well as any accompanying treatments. I acknowledge that staff members at this hospital have explained the procedures to me, answered questions to my satisfaction, and cannot be held responsible for any unforeseeable results.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of the procedure today. I have read and understand the nature of the above procedure and accept the specific terms and conditions set forth herein. I acknowledge that if I requested an estimate, I have discussed the estimated cost of the procedure with the front office staff, nurse staff, or a doctor PRIOR to the procedure being performed. I understand that it is my responsibility to discuss any questions regarding cost with the front office staff PRIOR to the procedure being performed.

I acknowledge that I am responsible for payment in full for the above procedure and treatments at the time my pet is discharged.

Owner Signature: _____ Date: _____

For us to call before, during, or after the procedure,
Please list the BEST Contact Phone Number for today: _____