

# SEDATION/CONSENT FORM

CLIENT NAME: \_\_\_\_\_

PET NAME: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

- I am the owner or agent of the animal above.
- I have the authority to execute this consent and am over the age of 18.
- I hereby authorize the doctors at Mercury Animal Hospital to administer anesthesia for the stated procedure or surgery. I understand that a very safe anesthesia will be administered and my pet will be monitored throughout the procedure until he or she recovers.
- I understand that all anesthetics and some surgical procedures have certain risk involved and that every precaution will be taken to minimize these risks.
- I understand that no guarantee exists as to the results of diagnosis and treatment of said animal.
- I understand that Mercury Animal Hospital, Inc. is not staffed 24 hours a day and that after hour treatment (ie. Emergency veterinary clinic) of said animal is at the discretion of the attending veterinarian.

DATE

SIGNATURE

TELEPHONE

MY PET LAST ATE?

## DENTAL CLEANING WITH POSSIBLE EXTRACTIONS/ TREATMENTS/PROCEDURES/ SURGERIES

In the event that dental extractions, minor dental surgery or dental x-rays are discovered during the dental cleaning and/or treatments, procedures or other minor surgeries are discovered during the sedation examination, I authorize the following: **CHOOSE ONLY ONE**

- I authorize the attending veterinarian to do any extractions, x-rays, treatments, procedures or surgery deemed necessary while my pet is under anesthesia. I understand that I am responsible for any additional cost involved.
- I would like the attending veterinarian to attempt to contact me if any extractions, x-rays, treatments, procedures or surgery are deemed necessary while my pet is under anesthesia. If I cannot be reached, I give permission to proceed with the additional procedure. I understand that I am responsible for any additional cost involved.
- I would like the attending veterinarian to attempt to contact me if any extractions, x-rays, treatments, procedures or surgery are deemed necessary while my pet is under anesthesia. If I am not available, **DO NOT PROCEED**. I understand this may mean that my pet will require an additional procedure under anesthesia at a different time. I understand that I am responsible for any additional cost involved for that procedure.

DATE

SIGNATURE

TELEPHONE

MY PET LAST ATE?

RECEPTIONIST SIGNATURE \_\_\_\_\_