



Sedation Release

Client _____ **Patient** _____ **Date** _____

Have you withheld food from your pet? Yes No

Some procedures, due to discomfort, or patient anxiety or positioning (i.e. radiographs), are best performed with sedation. Sedation helps relieve patient anxiety, allows for proper positioning, and permits mildly uncomfortable procedures to be performed in a humane manner.

My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- ❖ The reasonable medical treatment options for my pet
- ❖ Sufficient details of the procedure to understand what will be performed
- ❖ How fully my pet will recover and how long recovery will take
- ❖ The estimate of the fees for all services

Financial responsibilities for services are due at time of discharge. I also understand that Cranston Animal Hospital, INC. is not staffed 24 hours a day and after hour treatment of patients is at the discretion of the veterinarian.

I, the undersigned owner or agent of the pet named above, certify that **I am 18 years of age or older** and authorize the veterinarians of Cranston Animal Hospital to treat or perform needed procedures on my animal. You are to use all reasonable precautions against pain, injury, or escape of my animal. You will not be held liable or responsible in any manner for unforeseen incidents or accidents caused by the care, treatment, or safekeeping of my pet. It is thoroughly understood that I assume all risks, and that some risks always exist with sedation, including prolonged recovery, injury while sedated, insufficient sedation for the planned procedure, unusual behavior (aggression) while the patient is recovering from sedation, and (very rarely) death due to unexpected heart or breathing problems during sedation.

Phone number(s) where I can be reached _____

Print Name _____

Signature of the owner/agent _____ **Date** _____