

Lawrenceville Animal Care Center

Client: _____ Patient: _____ Age: _____

Procedure(s) to be performed: _____

Minor Procedure Sedation Release Form

Please read the following carefully and sign.

Your pet is scheduled for a minor procedure to be done under sedation. Like you, our greatest concern is the well being of your pet. There are inherent risks any time anesthetics and sedatives are administered. The utmost care will be taken to try and avoid any complications but all complications cannot be foreseen. Animals that require frequent sedation for procedures (such as grooming, bathing, etc.) may be required to have periodic blood screening to assure kidney and liver health.

I understand the risks of anesthesia and/or sedation and will not hold Lawrenceville Animal Care Center responsible for unforeseen complications. I authorize Lawrenceville Animal Care Center and its veterinarians to perform anesthesia and/or sedation on my pet. I understand that I assume full financial responsibility for this animal and understand that additional charges may be incurred in the event of any complications.

In the event of anesthetic complications please _____ **DO** _____ **DO NOT** attempt resuscitation.

Signature of owner or responsible party

Contact Phone Number

Date