

SEDATION AUTHORIZATION FORM

**Please fill this form out to the best of your knowledge.
Bring the completed form with you to the clinic.**

Client Information

Name: _____
Address: _____
Cell phone: _____ Secondary phone: _____
Email: _____

Patient Information

Name: _____ Species: _____ Age: _____ Sex: _____
Spayed/neutered? _____
Procedure(s) scheduled/requested: _____ Date of procedure
(s): _____

History

Known medical issues: _____
Anesthesia reactions?: No / Yes...If known, which
anesthetic(s)? _____

Vaccine/Test history: Unless otherwise approved by the doctor on a case-by-case basis, all patients must be current on ALL required vaccinations, have up to date test results (heartworm test for dogs, FIV/FelV test for cats), and be free of fleas/ticks. ***Please bring/email your pet's vaccine history if they were completed at another clinic.***

The Veterinarian, groomer, and/or you, the client, has determined that your pet requires sedation for the above listed procedure(s). Any use of sedation carries inherent risks of complication that cannot always be foreseen; however, the veterinary staff at Premier Vet Care Animal Clinic will take the utmost care to avoid any complications. In order to provide the best care, animals that require frequent sedation for procedures (such as grooming, bathing, etc.) may be required to have periodic blood screenings to confirm kidney and liver health.

By signing below, I authorize that I am the owner/representative of the owner for the pet as described above. I understand the inherent risks of sedation and authorize the performance of the above listed procedure(s) and the requested/required sedation as performed by the Licensed Veterinarian at Premier Vet Care Animal Clinic.

Owner Signature: _____ Date: _____

Technician Signature: _____ Date: _____