



CHAMPION WOOD

— ANIMAL HOSPITAL —

ANESTHESIA/SEDATION CONSENT FORM

Client Name: _____ Pet Name: _____

Phone # Where You Can Be Reached Today: _____

Procedure: _____

Additional Requested Procedures: _____

Your pet is being admitted for medical procedures that may require anesthesia or sedation. A physical examination is performed on all animals prior to administering anesthesia to determine if there are problems that would complicate anesthesia. We will place an IV Catheter and administer IV fluids before and/or during said procedures, and as needed during the post-anesthesia recovery.

CHAMPION WOOD ANIMAL HOSPITAL PERFORMS PRE-ANESTHETIC BLOOD WORK AND UTILIZES IV FLUIDS ON ALL PATIENTS UNDERGOING ANY PROCEDURE REQUIRING ANESTHESIA AND/OR SEDATION.

I authorize Champion Wood Animal Hospital to perform all procedures as noted above. I understand that if significant abnormalities are found that I will be notified by phone before the procedure is performed. I understand the veterinarian may, in the event of abnormalities recommend additional tests and/or postpone or modify the scheduled procedure. I also understand that it is impossible to eliminate all risks associated with anesthesia/sedation during any medical procedure being performed and hereby accept those risks.

Signed: _____ Date: _____

Intake Technician: _____ Time: _____

Discharge Instructions and Release

This serves to acknowledge that a technician has reviewed my pet's aftercare instructions and all medications, if any. I understand that my pet has undergone a medical procedure and care should be taken to monitor activity. I understand that I am assuming responsibility for the care of my pet and authorize the release of my pet from CWAH.

Signed: _____ Date: _____

Discharge Technician: _____ Time: _____