

Sedation Consent Form

St. Francis Veterinary Clinic
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(501)-327-9200

Owner's Name: _____ Date: _____

Pet's Name: _____

Reason for Sedation _____

Please read carefully and sign below.

The doctor, groomer, and/or you, the client, has determined that your pet requires sedation for the above procedure. Any use of sedation or anesthesia carries inherent risks. The veterinary staff of St. Francis Veterinary Clinic will take utmost care to avoid any complications, but such complications cannot always be foreseen. 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.

I understand the risks of sedation and will not hold St. Francis Veterinary Clinic responsible for unforeseen complications. I authorize St. Francis Veterinary Clinic and its veterinarians to perform 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.

Your signature below authorizes St. Francis Veterinary Clinic to perform sedation on your pet for the reason indicated above.

Owner's Signature: _____ Date: _____

Emergency Contact Phone Number: _____