



Animal Medical Center of Garner, PC

Sedation Consent for Non-Surgical Procedures

Client Name: _____ **Patient Name:** _____

Breed: _____ **Color:** _____ **Age:** _____

Type of procedure your pet is scheduled for today _____

While my pet is under anesthesia, I would like a Home Again Microchip implanted. Yes No

Phone Number _____ where we may contact you today.

Has your pet eaten within the last 12 hours? **Yes** **No**

If yes, what food and how much? _____

✚ We highly recommend a **pre-anesthetic blood panel** prior to anesthesia to test your pet’s ability to metabolize and eliminate the anesthetic. *If your pet is over 7 years of age, blood work is required.*

_____ **Yes**, please perform the recommended blood panel at an additional charge.

_____ **No**, I choose to decline any type of blood screening and I have been informed of the risks involved to my pet’s health.

✚ While your pet is under anesthesia we can brush his/her teeth. Brushing the teeth will likely be helpful but is not recommended in cases where there is severe gingival disease.

_____ **Yes**, please brush my pet’s teeth while under anesthesia at an additional charge.

_____ **No**, I choose to decline brushing my pet’s teeth.

✚ We highly recommend a FELV/FIV/HW test for our **feline** patients prior to anesthesia/surgery

_____ **Yes**, please perform the recommended blood test at an additional charge.

_____ **No**, I choose to decline this blood test and I have been informed of the risks involved to my cat’s health.

I hereby consent and authorize the above stated procedure(s) to be performed. I understand that during the said procedure(s) unforeseen conditions may arise. I have been advised as to the nature of the procedure(s) and risks involved. I understand that complications including, but not limited to infection, cardiac arrest and death could result. I acknowledge that no guarantee has been made as to a result or cure. I agree to pay my balance in full upon discharge of my pet. *I understand that the law requires the rabies vaccine to be current for my pet. I authorize AMC of Garner to vaccinate my pet during his/her stay at an additional cost if I cannot provide proof of a rabies vaccine.*

I have read and understand this authorization consent form.

Signature of owner/authorized agent

Date