



SEDATION CONSENT FORM

Patient Name:

Patient Breed:

Sex:

Age:

Color:

Procedure Requested:

Authorization:

I authorize sedation and/or anesthesia for my pet, as described above. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with sedation and anesthesia, and I am encouraged to discuss any concerns I have about those risks with the hospital's medical staff before the procedure is initiated. While Austin Village Pet Hospital provides the highest quality of sedation/anesthetic monitoring, I completely understand the possibility of unforeseen complications that may occur during any associated anesthetic procedure. I fully acknowledge and understand these medical risks. I recognize that the veterinarians and hospital staff will do all that is necessary to minimize such risks. I will hold harmless Austin Village Pet Hospital, the veterinarians, or any hospital staff member not liable for any complications that may or should arise in my pet's medical treatment and care. I understand that the hospital is not liable for any lost or damaged personal property (leashes, collars, etc) that are left in the hospital.

Owner Signature:

Date:

Owner Name (Printed):

AVPH Staff Signature:

Date: