Sedation Consent Form

Hundley Veterinary Services LLC

Chad Hundley VMD

(804) 647-9930

Owner's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Sedation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read carefully and sign below.

The doctor, and you, the client, have determined that your pet requires sedation for the above procedure. Any use of sedation or anesthesia carries inherent risks. The veterinary staff of Hundley Veterinary Services 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 Hundley Veterinary Services responsible for unforeseen complications. I authorize Hundley Veterinary Services 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 Hundley Veterinary Services to perform sedation on your pet for the reason indicated above.

Owner's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_