



Sedation Release Form

I am the owner (or owner's agent) of _____. I understand that I am authorizing performance of the following procedure(s) under sedation at the doctor's discretion:

Procedure(s) _____

Emergency Phone Number _____

Alternate Phone Number _____

*** Pick up after 4:30**

Any *additional* procedures to be performed:

Grooming Options

- Nail trim
- Express anal glands
- Soft Paws application (cats)
- Microchip

In the event that my companion animal arrests while hospitalized at Hebron Cat Hospital, I authorize CPR code (please initial your choice):

	DNR	No resuscitation
	CPR	Normal CPR involving chest compressions, oxygen therapy and medications such as epinephrine, atropine, etc

I understand that if my cat has heavy matting (during a lion cut) I will be charged an additional fee. (please initial) _____

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today. (please initial) _____

Furthermore, I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond the veterinarian's and hospital's control.

Signature _____ Date _____