



Randy Dominguez, DVM

CANINE/FELINE SEDATION CONSENT FORM

CLIENT NAME: _____ DATE ____/____/____

PATIENT NAME: _____

Procedure to be performed today _____

At Animal Care and Surgical Hospital we strive to practice quality medicine, we require in so many cases laboratory testing and/or radiology, the results of which can warn us about underlying conditions that could lead to possible complications, that's why WE STRONGLY RECOMMEND that pets be properly screened.

Sedation agents are considered very safe, although there's always a risk involved with sedation. Animal Care and Surgical Hospital cannot be held responsible for any reactions your pet may have with this sedation agents.

By signing below you are giving consent to our Veterinarians to sedate your pet in order to perform the procedure that already has been explained to you in such a less stress way and acknowledge that you understand the special notes explained.

I have read and understand the above information.

Signature _____.



Randy Dominguez, DVM