

Sedation Form



Your pet's safety and comfort is our number one concern here at Dadeville Animal Clinic.

We recommend pre-anesthetic blood work for ALL of our surgical patients. We highly recommend it for our mature patients (**6 years and older**) For any pets that have chronic health problems, we recommend more extensive medical tests to evaluate the safety of anesthetics and surgery. A doctor or technician will discuss this with you. Dependent on our findings, we adjust the procedure to make it safer for the pet. Occasionally we postpone surgery until a medical problem is resolved. Even for our healthy, younger patients, pre-anesthetic blood testing, though not critical, can help put your mind at ease by seeing that all is well. On very rare occasions, problems are detected that change our plans.

CHECK YES OR NO TO THE FOLLOWING QUESTIONS:

YES **NO** ***Pre-Anesthetic Blood Work**

Jr. (0 thru 5 years of age) \$62 **Sr.** (6 years of age and up) \$96

YES **NO** ***IV FLUIDS** help your pet recover quicker from anesthesia and rehydrate them since being held off of food and water for the previous 24 hours. \$48

YES **NO** ***TAKE HOME PAIN MEDICATION** Your pet will receive a pain injection that will last for 24 hours, but may need oral meds at home. Approx \$15

YES **NO** ***MICROCHIP** Very few lost pets find their way home without permanent identification. We can insert a microchip while your pet is sedated. \$49.99

YES **NO** ***E-COLLAR** may be needed if your pet is going to lick or chew at the incision site. \$16-\$19 depending on size.

YES **NO** ***Is your pet pregnant or possibly be pregnant or in heat?**

IF YOUR PET IS PREGNANT OR IN HEAT – EVEN IF IT IS DISCOVERED DURING SURGERY, THERE WILL BE A \$75 EXTRA CHARGE BECAUSE OF INCREASED RISK FOR POSSIBLE COMPLICATIONS.

YES **NO** **If your pet is found to be pregnant or in heat once surgery has begun, do you want the surgery to continue to completion?**

Pet's Name: _____ Date: _____

Procedure being performed today: _____

I hereby authorize and direct Dadeville Animal clinic to perform the procedure(s) noted above and to administer anesthetics or other drugs as deemed advisable for my pet. I understand the nature of the procedure(s) and the relative risks involved, and I authorize DAC to provide any appropriate care should an unexpected complication arise.

SIGNATURE OF OWNER/RESPONSIBLE AGENT _____

BEST PHONE NUMBER TO CONTACT YOU TODAY _____