



Animal Medical Center Sedation for Grooming Consent

Owner: _____ Patient: _____ Date: _____

Emergency phone numbers: _____

Thank you for allowing us to bathe and/or shave and groom your pet. Most of our patients are agreeable to the grooming process. However, on RARE occasions we encounter a patient who will not allow us to safely and effectively groom him or her while awake. In those instances we need to use sedation or a light anesthetic in order to ensure your pet's safety and comfort.

NOTE: As allowed by state law, patients who have not been examined by one of our veterinarians within the last 12 months will need to have a **Physical Examination** before we can prescribe a sedative for, or use anesthesia on your pet. The exam fee is \$39. If deemed necessary, a veterinarian may also request additional testing for your pet's safety.

Please choose how you would like us to proceed in the rare event that your pet requires sedation or anesthesia:

- YES, please sedate or anesthetize my pet if recommended by the veterinarian. I understand the cost for sedation or anesthesia is in addition to the grooming and exam fees (if applicable)
- NO, do not sedate my pet. Please stop the grooming process and notify me at the phone number above as soon as possible

NOTE: Animal Medical Center, LLC is dedicated to providing a flea free environment. If fleas are found on your pet we will administer an appropriate flea treatment. The charge for this treatment varies and will be additional

- I authorize the use of professionally accepted sedation to perform minor procedures. I understand that support personnel will be used as needed by the veterinarian.
- I have been advised of the nature of the above procedures and the risks involved in sedating my pet. **I realize that results cannot be guaranteed.**
- If an emergency arises, I give the doctors and support personnel permission to do whatever they deem necessary to handle the emergency. I expect to be notified of any problems as soon as comfortably possible if they arise.
- I have read and understand this authorization and consent. I further understand that I assume full financial responsibility for all services rendered.
- **My pet was not fed after 12:00 midnight (water OK)**
- **Current medications:**
- **Known allergies or sensitivities to medication/ anesthetics.**

Signatures:

Owner/agent:

Date:

Witness: