

Sedation & Anesthesia Authorization

Authorization for veterinary sedation or anesthesia with risk acknowledgment for surgical or dental procedures

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Pet Information

Pet's Name *

Species *

- ☐ Dog ☐ Cat ☐ Rabbit
☐ Bird ☐ Reptile ☐ Other

Breed *

Age *

Weight (lbs) *

Procedure Information

Procedure(s) Requiring Sedation/Anesthesia *

- | | |
|--|---|
| ☐ Spay/Neuter | ☐ Dental cleaning and/or extractions |
| ☐ Mass/tumor removal | ☐ Laceration repair |
| ☐ Orthopedic surgery | ☐ Biopsy |
| ☐ Imaging (X-ray, MRI, CT under sedation) | ☐ Other |

Additional procedure details (if applicable)

Type of Anesthesia *

- ☐ General anesthesia ☐ Sedation only ☐ Local anesthesia with sedation
- ☐ At veterinarian's discretion

Pet Health History

When did your pet last eat? *

Has your pet fasted as directed (no food for 8-12 hours)? *

- ☐ Yes ☐ No ☐ Unsure

Current medications and supplements

Has your pet had anesthesia before? *

- ☐ Yes ☐ No ☐ Unknown

If yes, were there any complications?

Known health conditions

- ☐ Heart murmur or heart disease ☐ Kidney disease ☐ Liver disease
- ☐ Breathing difficulties ☐ Seizure history ☐ Bleeding disorder
- ☐ None known

Pre-Anesthesia Testing

Pre-Anesthesia Blood Work:

Pre-anesthesia blood work is strongly recommended (and may be required for senior pets) to identify any underlying conditions that could increase anesthesia risk. This testing evaluates organ function and blood cell counts.

Pre-anesthesia blood work *

- ☐ Yes, I authorize pre-anesthesia blood work
- ☐ No, I decline pre-anesthesia blood work (against medical advice)
- ☐ Blood work was already performed recently

IV catheter and fluid support during anesthesia *

- ☐ Yes, I authorize IV catheter and fluids (recommended)
- ☐ No, I decline IV fluids (against medical advice)

Anesthesia Risks

Risks of Sedation and Anesthesia:

While modern veterinary anesthesia is very safe, all sedation and anesthesia carries inherent risks, including but not limited to:

- Allergic or adverse reaction to anesthetic agents
- Cardiac arrhythmia or arrest
- Respiratory complications
- Aspiration pneumonia
- Prolonged recovery
- Organ dysfunction (kidney, liver)
- Hypothermia
- Death (rare — estimated at 0.1-0.2% for healthy patients)

Risk is higher in geriatric patients, brachycephalic breeds (flat-faced), patients with pre-existing conditions, and emergency procedures.

Your veterinary team will monitor your pet throughout the procedure using pulse oximetry, ECG, blood pressure, and temperature monitoring.

I acknowledge that I have been informed of the risks associated with sedation and anesthesia, including the rare possibility of death, and consent to proceed.

I understand the risks of anesthesia: _____

Emergency Authorization

In the event of an unexpected finding or emergency during the procedure:

If an emergency or unexpected condition is discovered during the procedure: *

- ☐ Do whatever is medically necessary (I authorize additional procedures)
- ☐ Contact me before performing any additional procedures
- ☐ Proceed with additional treatment up to a dollar limit

Maximum additional expense authorized (if applicable)

Emergency Contact Phone (if different from above)

Consent & Signature

I authorize the veterinary team to administer sedation/anesthesia and perform the procedure(s) described above on my pet. I have been informed of the risks, benefits, and alternatives. I understand that despite all precautions, complications or death may occur. I accept financial responsibility for all services rendered.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY

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