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SEDATION / ANESTHESIA RELEASE FORM

Date: _____

First & Last Name: _____ Pet Name: _____

It is very important that we are able to contact you today. Where can you be reached?

Primary number: (_____)_____ Secondary number: (_____)_____

Procedure: _____

All sedation procedures are performed under the supervision of a veterinarian. Despite this, any time anesthesia or sedation is used there is a chance for complications which could result in *injury or death*.

It is recommended to run certain tests prior to sedation or anesthesia in order to minimize this risk and make sure that my pet is healthy enough for the procedure. If such testing has been included on your estimate, it will be performed unless the veterinarian deems it unnecessary or if you inform a staff member that you decline such testing at the time of drop-off.

For the safety of all animals that come through Pearland Animal Hospital, any pet that is healthy enough to be vaccinated must be current on required annual examination, vaccines, and fecal parasite test. If, according to our records, my pet is overdue for any of these items then they will be administered at the discretion of the veterinarian and added to final cost of treatment.

I have read and accept the inherent risks involved with anesthesia and sedating my pet. I have read and understand the above consent form and authorize Pearland Animal Hospital to perform my pet's treatment plan as described. I understand that necessary vaccines and testing may be administered at the discretion of the veterinarian. I also acknowledge that I have been offered an estimate, either written or verbal, and that I assume full financial responsibility for all charges incurred.

Owner Signature

Date

*Thank you for choosing Pearland Animal Hospital.
Please call (281) 485-2496 if you have any questions or concerns.
Dr. Stevener • Dr. Schoeffler • Dr. Vance • Dr. Henry • Dr. Simon*