



**Animal Care Centers**  
96 Bartley Road  
Flanders, New Jersey , 07836  
**Ph:** (973) 584 4455  
**Fax:** (973) 584 7172  
**Email:** info@animalcarectr.com

## GENERAL SEDATION CONSENT FORM

**Client Name:** \_\_\_\_\_  
**Pet's Name:** \_\_\_\_\_  
**Species:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Date of Procedure:** \_\_\_\_\_  
**Procedure being performed in:** Animal Care Centers

I hereby authorize the performance of the following medical or surgical procedure(s):

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**Please Initial each item below, indicating your acknowledgement of the statement:**

\_\_\_\_\_ The nature of such services has been described to me to my satisfaction. I realize that neither a guarantee nor warranty can ethically or professionally be made regarding the results or cure.

\_\_\_\_\_ I understand that there is a risk when anesthesia is given to a pet.

\_\_\_\_\_ I understand that, despite all necessary precautions being taken, complications may arise.

\_\_\_\_\_ I understand that post-sedation care instructions will be given to me at discharge, and that it is in the best interest of my pet's surgical recovery to follow them as written.

In the case that your pet was to suffer cardiac and/or pulmonary arrest (heart or breathing stops), do you authorize us to provide life-saving measures (i.e. cardiopulmonary resuscitation or "CPR") as detailed below?

CPR can include endotracheal intubation (placement of a breathing tube), administration of drugs, cardiac compressions (pushing on the chest), and/or assisted breathing with oxygen supplementation. Costs of these services is generally NOT reflected in your estimate.

If you choose to allow these procedures for your pet, you will be contacted as soon as possible to be informed of the situation and given the options about how to proceed. In a critically ill patient, you may want to elect a Do Not Resuscitate status or "DNR." In a healthy pet undergoing an elective procedure, we would strongly recommend you allow full resuscitation.



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**Please initial your choice below:**

\_\_\_\_\_ YES, I authorize appropriate life saving measures. I understand that if such measures are necessary that the cost of services may exceed my estimate.

\_\_\_\_\_ NO, I do not wish these life saving measures to be employed. I am electing a "Do Not Resuscitate" status for my pet.

**Please list up to 3 of the best contact numbers to reach you in case of emergency while your pet is in our care:**

*(Please put the order to be called.)*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature:

Date:

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I'm the pet Owner  I'm an Agent of the pet's Owner