

# Sedation Consent Form

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Procedure: \_\_\_\_\_

My pet has been fasted: YES NO

My pet is allergic to: \_\_\_\_\_

My pet is on these other medications including OTC medications (ex. Aspirin, Ibuprofen, Tylenol, etc.)  
Dose/Frequency/Last Given:

\_\_\_\_\_

While your pet is sedated, we monitor and record vital signs including heart rate, respiratory rate, oxygenation levels, blood pressure, and temperature. This helps us to detect potential complications early and treat them before they become life threatening.

- I have been informed that there are risks and complications associated with sedation (including but not limited to adverse drug reactions, vomiting/regurgitation leading to aspiration pneumonia etc.)
- I acknowledge that my pet may have an underlying condition that has not been detected with diagnostic tests/tools to date, and I further understand that during the course of the operations or procedures, unforeseen conditions may arise that could necessitate the performance of additional procedures.

I release Pine Woods Animal Hospital, P.C. and staff from any liability relating to unforeseen complications arising from surgery and/or anesthesia (except in the case of gross negligence). \_\_\_\_\_ (PLEASE INITIAL)

I will be available at the phone numbers listed below at all times during the day of the procedure. If the doctors cannot reach me by phone, I authorize any treatment deemed necessary for the health of my pet. \_\_\_\_\_ (PLEASE INITIAL)

- I am the owner (or agent for the owner of legal age) for the animal described above and I have the authority to execute this consent.
- I hereby authorize and direct the veterinarians of Pine Woods Animal Hospital, P.C. to perform the procedure(s) described above.
- I agree to pay in full for services rendered, including those deemed necessary for medical complications, or any other unforeseen circumstances.

The nature and purpose of the procedure(s) to be performed on my pet has been clearly explained and I have no further questions at this time. \_\_\_\_\_ (PLEASE INITIAL)

Owner's Name (or agent): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

# CPR or DNR Consent Form

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Pine Woods Animal Hospital is committed to providing patients with state-of-the-art care that considers the quality as well as the quantity of a pet's life. For patients experiencing advanced disease, advanced age, multiple disease processes, or a disease considered to be terminal, it's appropriate to decide in advance whether aggressive measures of resuscitation (CPR) will be employed if needed.

DNR means "do not resuscitate". This is a decision that resuscitation (CPR) is not to be performed in the event that the pet stops breathing, has no heartbeat, collapses or becomes unconscious.

Resuscitation (CPR) of a collapsed or unconscious patient is tailored to meet the needs of the individual but may include any or all of the following:

- Establishing an airway via insertion of an endotracheal tube and administration of oxygen or medications through the tube
- Establishing intravenous access via insertion of an intravenous catheter and administration of fluids and injectable medications through the catheter
- Chest compressions
- Intracardiac delivery of injectable medications

Animals that have survived cardiopulmonary arrest and have been successfully resuscitated (CPR) are extremely critical and unstable. Management of the post-arrest patient requires vigilant monitoring and the technical expertise of dedicated critical care personnel, which may need to be pursued through an afterhours clinic. This care is costly, and the outcome is uncertain.

I have read and understood the information above or have had it explained to my satisfaction.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

DNR I DO NOT wish the staff to perform CPR on my pet. I understand that if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness if CPR is not performed, my pet will pass away.

\_\_\_\_\_  
Signature of Owner/Agent

CPR I wish the staff to perform resuscitation (CPR) on my pet if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness.

\_\_\_\_\_ (PLEASE INITIAL) I accept that if the hospital staff is unable to reach me within 20 minutes after the initiation of CPR, after exercising reasonable medical judgment and determining that there is no hope for success, the staff will cease further CPR procedures. I understand that despite the best effort of the veterinarians and staff at this facility, even successful CPR that may restore my pet's life may not allow for my pet to regain his/her normal mental and physical health.

\_\_\_\_\_ (PLEASE INITIAL) If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's recovery or survival, I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon by me.

\_\_\_\_\_  
Signature of Owner/Agent