



Colony
ANIMAL HOSPITAL

13187 Warwick Blvd.
Newport News, Virginia 23606
(757) 877-6464

Sedation Consent Form

Client ID:
Client Name:
Address:

Telephone:

Patient ID:
Name:
Species:
Sex:
Breed:

In case of an emergency, a number where you can be reached today: _____

I, the undersigned, hereby confirm that I am the legal owner/agent of the animal described above. I consent to the administration of such analgesics, sedatives, tranquilizers, anesthetics or other medications as may be deemed necessary by the attending veterinarian while my pet is at Colony Animal Hospital.

I am aware that every procedure, treatment, and anesthesia, even performed on a healthy animal, carries a certain amount of risk and possibility of complications. I understand that the staff of Colony Animal Hospital will make every reasonable attempt to safely and proficiently care for my pet. I am fully prepared to accept the risk to my pet from any procedure or treatment the doctors of Colony Animal Hospital determine, in their professional medical opinion, to be necessary. Colony Animal Hospital and/or its staff will not be held responsible for any conditions or circumstances not now known or anticipated.

I acknowledge that I will bear full financial responsibility for any and all costs incurred in the care and treatment of my pet. I also understand that all outstanding amounts so incurred are payable in full when services are rendered.

I have read and understand the statement above

Signature

Date