



Procedural Sedation Form

1525 Wilmington Drive NW DuPont, WA Phone (253) 267-5431 Fax (253) 235-4004

Name _____ Animal _____ Breed _____

Sex _____ Age _____ Date _____

Please list/describe the procedure(s) we are performing for your pet today: _____

Fleas can transmit disease – if we find LIVE fleas on your pet we will administer 1 Capstar to kill the fleas. This is for the protection of all our patients. There will be an additional charge of \$8.00 for this procedure.

Medical History

Did your pet eat this morning? Yes / No
If yes, please list: _____ if so, what time _____
Is your pet taking any medications? Yes / No
If yes, please list: _____
Is your pet allergic to any medications? Yes / No
Are your pet's vaccines current? Yes / No
If no, would you like them updated today? Yes / No

Please mark any additional treatment you would like done today:

- Flush and Clean Ears
- Anal Gland Expression
- Microchip "Pet ID"
- Ear Pluck
- Spay/Neuter Tattoo (**No Charge**)

A veterinarian will perform a physical exam prior to sedating your pet.

The cost of procedural sedation includes a complimentary nail trim.

IV Catheter and Fluids: An IV catheter helps our team and doctors to administer anesthetic drugs that will allow us to respond more quickly and efficiently in the event of an emergency. Fluids help to maintain blood pressure and eliminate anesthetic drugs from the body. This will be on the estimate if recommended by the veterinarian.

Pre-Anesthetic Bloodwork: Pre-Anesthetic Bloodwork is necessary to detect disorders of the blood, kidneys, and liver that is undetectable by a physical exam. The blood work will be evaluated prior to any anesthetic procedure, unless the patient is too aggressive to obtain prior. Please see estimate for pricing.

Elizabethan Collar (E-Collar): An Elizabethan Collar is recommended after procedural sedations to prevent your pet from licking/chewing/damaging the incision, or effected area. If damage occurs, and surgical repair is necessary, this will be an extra expense. Accept Decline

The **BEST** number to reach me at today is: _____ or _____

I understand payment is due when the animal is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for the animal. I understand that flea medication and a dose will be applied if evidence of fleas is found on the animal today.

Though we do not anticipate any problems, should animal suffer a cardiac or respiratory arrest during his/her stay here, how would you prefer we care for him/her?

(Choose one of the following options:)

__ Please make all efforts to resuscitate my pet. (I accept financial responsibility for the charges associated with resuscitation)

__ Please make conservative efforts to resuscitate my pet (I authorize emergency care costs up to \$____)

__ Please do not attempt to resuscitate my pet (DNR)

Signature: _____

Date: _____