

Sedation/Treatment Consent Form

Owner: _____ Patient: _____

Treatment(s) needed: _____

I understand that during the performance of these procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedures set forth. I expect Propsect Veterinary Clinic's doctors to use reasonable care and judgement in performing these procedures. The risk associated with sedation has been explained to me. I am also aware that unforeseen events resulting from the procedure will not relieve me from any obligation to pay all reasonable costs incurred regarding my pet. I understand that payment in full is required at the time services are rendered.

By signing this form, I acknowledge that I am the owner or authorized representative that can make medical decision for the above said pet.

Owner or Agent Signature: _____ Date: _____

Print Name: _____

Telephone number(s) where we can reach you: _____