



## Sedation Consent Form (Goose Creek Pet Hospital)

**Pet Name:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Can you be reached by text if we can't reach you by phone? **Yes** \_\_\_ **No** \_\_\_

### **Blood work options:**

Your pet will be undergoing general anesthesia plus a surgical procedure today. In order to recognize any underlying abnormalities your pet may have, we recommend blood work to check the function of the internal organs. Knowing how well these organs' function are an important part to the safety of your pet while under anesthesia.

\_\_\_ Yes, I have read the above statement and would like to perform a chemistry panel to evaluate the internal organ function, and a CBC to evaluate the red blood cells, white blood cells and platelet count to ensure clotting ability. This option is recommended to patients that are **6 years of age and older**.

\_\_\_ Yes, I have read the above statement and would like to perform a chemistry panel to evaluate the internal organ function only. This is recommended for patients **less than 6 years of age**.

\_\_\_ No, I have read and understand the above statement and decline the pre surgical blood work.

### **Authorization for Sedation:**

I verify I am the owner or authorized agent for the owner of the above-named pet and authorize the previously discussed procedure to be performed under anesthesia. I authorize the use of sedation and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. I also understand that there is always a risk associated with any sedation even in apparently healthy pets and have discussed by concerns with the veterinarian. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any additional charges.

Has your pet ever had any previous reaction or issue with sedation? **Yes** \_\_\_ **No** \_\_\_

**Signature of Owner or Agent** \_\_\_\_\_

**Date** \_\_\_\_\_



## **What to expect on your pet's procedure day!**

### **Admission Time:**

We admit all our surgery patients in the morning at 8 AM prior to our procedures getting started. The veterinarian will perform a pre surgical exam first thing in the morning and, if blood work has been elected, we will perform lab work to assess internal organ status. The veterinarian will then plan the anesthetic protocol for each patient. We generally have between 1 and 5 procedures in the morning. Your pet may be the 1st, 2nd, 3rd, 4th or 5th patient of the morning, but we assure you that they will be resting comfortably in our treatment area closely monitored before they get started. From pre-medication to final recovery each patient may need 2-3 hours of attention. Some of the procedures may take longer than expected. We almost never perform procedures in the afternoon, to allow for adequate recovery time and monitoring prior to patient pick up.

### **Discharge Appointment:**

After your pet's procedure is finished, we will call you to let you know that they are awake and in recovery. We will plan a good discharge time that afternoon together. The pick-up time is generally in the mid to late afternoon to ensure that each patient has recovered fully from anesthesia. Please plan on approximately 15 minutes to review medications and post- anesthesia instructions.

### **Hospital contact information:**

**Phone:** (615) 628-8664

**Text:** (615) 628-8664