



Sedation Consent Form

The following agreement is made between Austin Veterinary Emergency & Specialty Center and the person named below who represents him or himself to be the owner or owner's agent.

We attempt to discuss all aspects of care with you: however, we cannot predict every circumstance or situation which may occur while your pet is present in our hospital. We cannot make any guarantees relative to treatment or outcome in regard to your pet's care. Understand that treatments and medications have potential side effects. Some diagnostic tests and treatments have risk of making your pet's condition worse. If you have any questions regarding your pet's care, please do not hesitate to ask.

Austin Veterinary Emergency & Specialty Center functions as a team of dedicated veterinary professionals consisting of board certified specialist, associate veterinarians, and technicians. The attending veterinarian will discuss options with you concerning your pet's care; however, other members of our team may be involved in performing procedure, diagnostics, and treatments.

Although we do not expect your pet to have a heart or breathing crisis, it is important that we know your wishes in case your pet stops breathing or heart stops.

PLEASE INDICATE YOUR WISHES BY INITIALING THE APPROPRIATE TREATMENT LEVEL

- **DNR** _____ = DO NOT RESUSCITATE = If your pet's heart or breathing stops, you do not want us to administer supportive treatments (allow your pet to die naturally).
- **CPR** _____ = I authorize limited, non-surgical resuscitative CPR efforts, if deemed necessary in the attempt to keep my pet alive. There is no guarantee the efforts will be successful. I will pay all costs incurred in the resuscitative efforts. These costs are NOT included in this the initial estimate.
- **OC CPR** _____ = I authorize ALL resuscitative efforts, including surgery, if deemed necessary in the attempt to keep my pet alive. There is not guarantee the efforts will be successful. I will pay all costs incurred in the resuscitative efforts. These costs are NOT included in this initial estimate.

OWNER/AGENT _____ DATE _____
(Must be over 18 years of age) Signature Print Name

The cost of the initial diagnostics and sedation could cost up to \$500.00 (not including the initial consultation fee). Payment is due at the time of service.



Please initial **ONE** of the following options:

_____ I understand the contents of this form and authorize Austin Veterinary Emergency & Specialty Center to perform initial diagnostics and use of sedation medications required to facilitate diagnostics for my pet. If further services are required for my pet, additional expenses will occur. I also understand that payment is due at the time of service.

_____ I decline initial diagnostics and use of sedation medications required to facilitate diagnostics for my pet and request to speak to a veterinarian BEFORE any diagnostics or sedation medications are performed or given to my pet.

OWNER/AGENT: *(Must be over 18 years of age)*

Signature *Print Name* DATE _____

ATTENDING VETERINARIAN, Austin Veterinary Emergency & Specialty Center DATE _____

A copy of this form with the estimate was given to the client _____ DATE _____
Initials