



**OAKS VETERINARY  
HOSPITAL**

MEDICINE ♦ SURGERY ♦ DENTISTRY

## Sedation Release Form

The Doctors and staff at Oaks and Northwood Oaks Veterinary Hospitals believe your pet deserves the very best in medical care. All patients receive a pre-sedation evaluation by the doctor. While under sedation your pet will receive dedicated monitoring and thermal support throughout recovery.

Did your pet eat this morning? Yes ( ) No ( )

Is your pet taking any medication? Yes ( ) No ( )

If yes, what medication \_\_\_\_\_

Did your pet receive their medication this morning? Yes ( ) No ( )

Are you aware of any seizures or problems with sedation/anesthesia in the past? Yes ( ) No ( )

The best number to contact me is \_\_\_\_\_.

Procedure(s): \_\_\_\_\_

### Sedation Release:

I hereby authorize Oaks Veterinary Hospital or Northwood Oaks Veterinary Hospital to perform the above procedure(s) and additional diagnostic, treatment, or surgical procedures as deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures. I will not hold Oaks Veterinary Hospital, Northwood Oaks Veterinary Hospital, the doctor or the staff liable for any complications.

If post-sedation complications occur or are suspected, a courtesy examination is included at our hospital. After hours care or other services will incur additional charges.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_