



141 East Main Street
Youngsville, NC 27596
PH: (919) 494-5511
FAX: (919) 554-4565

Sedation Consent Form

Client Name _____ Pet's Name _____ Age _____

Sedation and procedures to be performed:

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am / am not eighteen years of age or older and authorize the veterinarians at YOUNGSVILLE ANIMAL HOSPITAL to perform the above procedure(s). I understand that some risks always exist with sedation and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is initiated. While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I certify that no guarantee or warranty has been made regarding the results that may be achieved. I acknowledge that the entire fee is payable when the service is performed. Should unexpected life saving emergency care be required and the hospital's staff is unable to reach me, the staff has / does not have my permission to provide such treatment and I agree to pay for such services.

If your pet has been under anesthesia in the past, has it ever had any anesthetic difficulties?

Yes _____ No _____

If so, please describe the difficulties and drugs used if known below.

Parasites- If parasites (ticks, fleas or intestinal worms) are found on your pet while in our facility, they will be treated at your expense to prevent exposure to other pets.

Signature _____ Date _____/_____/_____

By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Consent Form



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