

Concordia Veterinary Clinic, P.C.
2 NE Tenth Street, PO Box 153, Concordia, MO 64020
660-463-2332

Consent for Sedation and/or Anesthesia

Owner: _____

Pet: _____

PLEASE READ CAREFULLY:

Please Feel Free To Ask Questions of Veterinarians or Staff

1. I authorize the doctors of the Concordia Veterinary Clinic to sedate/anesthetize the above animal for purposes of performing procedure(s) necessary.
2. I understand that there are risks inherent in the use of sedatives/anesthetics and that there is no way to test for adverse reactions prior to this administration on a selected individual.
3. Risks can include allergic reactions, disability, longer than normal recovery time, and death.

I have read and understand this informed consent form.

Owner/Agent Signature

Date

Perform CPR if necessary (\$25.00 to \$60.00) Yes () No ()