

**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 ( )