

Oak Ridge Animal Clinic

Authorization for Sedated Procedures

Please fill out form completely. Please list phone number(s) below so that you can be reached immediately.

Client Name (First and Last): _____ **Pet Name:** _____

Contact Number(s): 1) _____ 2) _____

Risk Acknowledgment

I understand that the use of sedative drugs carries some risk, no matter how small, and I consent to the following procedures being performed under sedation.

Please circle procedures to be performed under sedation:

Physical exam	Mass/skin tag removal	Full groom
Vaccines	Ear cleaning/packing	Sanitary clip
Blood draw/other lab work	Nail trim/buff	Microchip
Radiographs (X-rays)	Anal gland expression	

Please circle all relevant symptoms (include affected area of symptom):

Eating normally	Gagging	Coughing
Not eating	Vomiting (Blood? Y / N)	Panting excessively
Eating ravenously	Diarrhea (Blood? Y / N)	Difficulty breathing
Weight loss	Straining (Bowel movement)	Nasal discharge (Color: ____)
Weight gain	Straining (Urination)	Eye discharge (Color: ____)
Behavior changes	Scotting	Eye redness/color change
Lethargic/less active	Frequent urination	Shaking head
Itching/scratching	Bloody urine	Scratching ears
Hair loss	Leaking urine/spotting	New swelling/mass

Other relevant information:

Current diet: _____ **Heartworm Prevention? Y / N Type:** _____

Current medications: _____

Additional Services Offered (Please initial any services you wish us to perform; these costs are ADDITONAL to the agreed-upon sedated procedures):

____ Nail trim **\$22.00** | ____ Ear cleaning **\$46.00** | ____ Anal gland expression **\$33.00** | ____ Microchip **\$58.00**

Unlike competitor microchips, the DATAMARS© chip we use grafts to the pet's skin, preventing it from migrating over time. We highly recommend this procedure be performed under sedation to minimize trauma.

I understand that **if my pet has fleas**, they will be given a Capstar (a one-time oral dosage that will kill fleas on the pet and lasts up to 24 hours) at the owner's expense. **This is not optional.**

I agree that I am the owner of this pet and I allow the doctor(s) at Oak Ridge Animal Clinic to treat my pet. Furthermore, I agree to pay for all charges incurred and I understand that full payment is required at discharge.

Signature of Owner/Agent _____ **Date** _____