

# CHIMNEY HILLS ANIMAL HOSPITAL

## Sedation Release Form

Pet's Name:		Owner:	
Species:		Cell Phone:	
Breed:		Home Phone:	
Color:		Email:	

Reason for sedation: \_\_\_\_\_

Please answer the following questions with a yes or no and any explanations needed:

Y      N      Has your pet eaten today? If so when was the last time?  
\_\_\_\_\_

Y      N      Has your pet ever had a history of seizures or any anesthetic/sedation complications in the past?  
\_\_\_\_\_

Y      N      Has your pet had any medications in the last 72 hours? If so what was given, how much, and at what time?  
\_\_\_\_\_

I THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM THE OWNER OR DULY AUTHORIZED AGENT FOR THE OWNER OF THE ABOVE DESCRIBED PET. I DO HEREBY GIVE THE DOCTORS AND STAFF AT CHIMNEY HILLS ANIMAL HOSPITAL FULL AND COMPLETE AUTHORITY TO PERFORM THE SEDATION PROCEDURE, AND PERFORM ANY OTHE RPROCEDURES THAT, AT THEIR DISCRETION, MAY BE USEFUL TO PROMOTE THE HEALTH OF THE ABOVE DESCRIBED PET.

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

Phone number where you can be reached today: \_\_\_\_\_