



**BOCA PARK
ANIMAL HOSPITAL**

phone 702.675.7000 fax 702.586.9822
1050 S. Rampart Blvd., Las Vegas, NV 89145
bocaparkanimalhospital.com

SEDATION CONSENT FORM FOR MINOR PROCEDURES

Patient	Client
Procedure/Date	
Emergency Number (1)	Emergency Number (2)
<p>I understand that the doctors and staff will use all reasonable precautions against injury, escape, or death of my pet. I understand that all sedatives / tranquilizers involve some minimal risk to my pet and every precaution will be taken to minimize those risks. I hereby authorize the doctors at Boca Park Animal Hospital to administer a sedative / tranquilizer for the stated procedure. I understand that a safe protocol will be administered to my pet and will be monitored throughout the procedure until he / she recovers</p>	
Last feeding time and amount	
Has this patient had any reaction to anesthesia, sedative, or tranquilizers in the past?	
<p>CPR- Your pet may require cardiopulmonary resuscitation (CPR), including cardiac compressions, positive pressure respiration, emergency medications, or other interventions. If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's recovery or survival, I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon by me.</p> <p>Please initial one of the following:</p>	
<input type="checkbox"/> CPR treatment and the costs associated.	
<input type="checkbox"/> DNR "do not resuscitate". This is a decision that CPR is not to be performed.	
Signature/Date:	
Witness/Date:	