

SEDATION RELEASE FOR GROOMING

DATE _____

OWNER'S NAME _____

NAME OF PET _____

SPECIES _____ BREED _____ SEX _____ AGE _____

PET HISTORY

YES NO

() () Is your pet current on all vaccines?

() () Is your pet ALLERGIC to any DRUGS?

**REQUIRED FOR ALL ANIMALS OVER 6 YEARS OLD AND STRONGLY
RECOMMENDED FOR PETS UNDER 6 YEARS
PRE-OPERATIVE BLOOD PANEL**

As part of our commitment to offering the safest care for your pet that we can during its visit for grooming, we will perform a physical examination prior to anesthesia. We also strongly recommend that a pre-anesthetic blood screen be performed to insure that the risks of anesthesia to your pet's health are kept to a minimum. **This blood panel allows us to determine if there are any underlying problems that might lead to complications during or after anesthesia, problems that are not always evident on physical exam.** Accept () Decline ()

Lab work fees: \$59.00

I hereby authorize the use of such anesthetics as you deem advisable.
I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of any of the procedures listed above.

Signature of owner or responsible party

Please list phone number where you can be reached today _____

Alternate person who can be reached in case of an emergency

Name

Phone number