



**Potlatch Veterinary Clinic**  
240 6th Street  
Potlatch, Idaho, 83855  
Ph: 208-875-4838  
Email: office@potlatchvetclinic.com

10-17-2024

## Sedation Consent Form

*All sedated procedures include a pre-anesthetic physical exam, internal ear exam, nail trim, anesthetic monitoring, recovery monitoring.*

### Contact Information

Procedure:

Owner: \_\_\_\_\_ Animal: \_\_\_\_\_

I can be reached today at the following number

If I am unable to be contacted, please contact

### **Different party picking up?**

If yes or unsure please fill out the below information for ALL possible parties.

Persons Name	Phone Number	Text?	Financial Responsible?	Medically Responsible?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes, they will pay the final bill. ▼	<input type="checkbox"/> Yes ▼

### **Cardiopulmonary Resuscitation (CPR): Informed Consent**

*Cardiopulmonary arrest is when an animal stops breathing on its own or its heart stops beating. CPR can involve chest compressions, artificial breathing, and/or administration of drugs in an attempt to resuscitate the patient. CPR is not always successful. A great deal of this success depends on pre-existing conditions (age, overall fitness, prior illness, etc.) It is possible that a resuscitated patient will have suffered brain damage or other long-term ill effects from having been technically deceased for any period of time. In the event, your pet stops breathing or the heart stops beating, we need your informed consent to proceed with or to withhold resuscitation efforts. CPR charges start at \$50-200 and will be in addition to any amounts quoted for this procedure. **Please choose an option below.***

- Do whatever is necessary to stabilize my pet with NO cost limitations. **I understand that I am responsible for ANY cost accrued and will be expected to pay the final bill in full regardless of the outcome.**
- Do whatever is necessary to stabilize my pet, but do not exceed \$  (Please list limit)
- Do not resuscitate my animal in the event of cardio-pulmonary arrest

### **Additional Services**

**While is under the comfort of anesthesia/sedation we offer the below services. Please check the box(es) you wish to have performed today.**

<input type="checkbox"/> Microchip \$32.86	<input type="checkbox"/> Apply topical flea treatment \$25-60
<input type="checkbox"/> Express Anal Glands \$15	<input type="checkbox"/> Heartworm Test \$14.80

<input type="checkbox"/> Ear cleaning (if necessary) \$15	<input type="checkbox"/> Feline Leukemia/FIV Test \$57.85 (Feline Only)
<input type="checkbox"/> Vaccinations <input type="checkbox"/> Rabies <input type="checkbox"/> Lepto <input type="checkbox"/> DAP <input type="checkbox"/> FeLV <input type="checkbox"/> FVRCP	<input type="checkbox"/> Annual Bloodwork (\$134.10-226.30)
	<input type="checkbox"/> Post-Surgical Incision Laser Treatment \$10

**Pre-anesthetic/Sedation History**

When was the last meal your pet ate?   
Comments:

When did your pet last have access to water?   
Comments:

Is your pet on any medications or supplements? If Yes, please fill out the chart below.

Medication Name	Amount given & How often	Last Given
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please review all statements below:**

The procedure has been explained to me by a Potlatch Veterinary Clinic staff member and I understand the risks associated with sedation.

If fleas are found on my pet, they will be treated with a 24-hour preventative.

I understand that if my pet has not yet been vaccinated against Rabies and is healthy, they will be vaccinated during the procedure today for \$12.

If any complications arise, I will not hold the doctors or any support staff at Potlatch Veterinary Clinic responsible.

I am the owner of this animal and hereby am authorized to sign this release.

I understand that 100% of the low end of the estimate is due as a deposit at admit and all remaining services rendered will be due prior to discharge of the patient with cash, check, Visa, Mastercard, Care Credit, etc.

I hereby allow the doctors at Potlatch Veterinary Clinic to perform procedures on my pet as stated above

**By signing this document I have carefully read and understand the terms and conditions set forth by Potlatch Veterinary Clinic and agree to all the above statements.**

Name (Printed/Typed):

10-17-2024

Signature:  Date: October 17, 2024