

# Consent for Hospitalization & Sedation

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Patient: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/neutered: \_\_\_\_\_

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Last time they had access to water: \_\_\_\_\_

When did they eat last? \_\_\_\_\_

Any current medications? \_\_\_\_\_

Current diet: \_\_\_\_\_

Would you like a microchip or do they have one? \_\_\_\_\_

Do you need a cone? \_\_\_\_\_

Who will pick them up? \_\_\_\_\_

Best number to reach you during/after surgery: \_\_\_\_\_

Would you like your pet to have a complimentary nail trim? \_\_\_\_\_

Have you received an estimate for this procedure in last 60 days? \_\_\_\_\_

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## Consent for Hospitalization & Sedation

I, the undersigned, being the owner of or authorized agent of the owner, give permission for the hospitalization of this animal for the purpose of diagnosis, treatment, surgery or other procedures, as specified by this release. I understand you will use reasonable precautions to assure the animal's safety while it is in your care, but I do understand there are risks associated with any procedure, including routine anesthetics. The most serious risk associated with anesthetics is death, which is very rare, but sometimes happens, even in young healthy animals. If you have any questions regarding risks associated with a particular procedure (spay, neuter, orthopedic procedure) please ask us. I understand these risks and am prepared to accept responsibility if anything should happen, and will not hold the clinic liable. I am responsible for payment of the above services at the time the animal is discharged.

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

I have read and agree

### Consent for CPR

I understand that unforeseen conditions may be revealed during the identified procedure(s), which, in the opinion of the attending veterinarian, may require more extensive or different procedures or treatments. I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain instructions regarding them. However, if the efforts are unsuccessful, I authorize performance of any life sustaining procedures or treatments, which are in the professional opinion of the attending veterinarian. This would be things such as CPR, in animals, like in humans, is a life-saving procedure that uses medications, artificial breathing and chest compressions. This is to help revive the pet when they stop breathing on their own and/or their heart stops beating.

Agree     Disagree

### Consent to Feature Patients

Companion Animal Hospital occasionally features patients on its Facebook and Instagram page. With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name.

Agree     Disagree

**Monitoring:** While your pet is under sedation a veterinary technician will be monitoring them the entire time and checking their vitals.

I have read this paragraph

Privacy of personal information is an important principle to Companion Animal Hospital. In compliance with the federal Personal Information Protection and Electronic Documents Act (PIPEDA), we are committed to collecting, using, and disclosing personal information responsibly and only to the extent necessary for the goods and services we provide. The primary purpose for collecting personal information is to provide veterinary services.