



Riverview Animal Hospital

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Authorization for Sedation

Client's Name: _____

Pet's Name: _____

Sedation and medical or surgical procedure(s) to be performed:

Patient sedation to be performed for nail trim, anal sac expression, ear plucking, radiographs, and/or ear cleaning or _____. This procedure has been recommended to reduce stress, anxiety, and excess mobility.

I, the undersigned owner or agent of the owner of the pet identified above authorize the veterinarian(s) at Riverview Animal Hospital (RAH) to perform the above procedure(s). I understand that some risks always exist with sedation and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. With sedation, your pet may be sleepier for the first 24 hours and they may have a slight decreased appetite.

My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best of the abilities of the staff at RAH, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved.

I have read and understand the nature of the above procedures and give my consent to proceed as set forth herein.

Signature of Owner or Authorized Agent

Date