



Sedation Form

Client Name: _____

Date: _____

Pet's Name: _____

Species: _____

Breed: _____

Sex: _____

Age: _____

Phone numbers where you can be reached

today:

First Number: _____

Second Number: _____

Other: _____

In case we are unable to contact you, please give emergency contact:

Name: _____

Phone: _____

We are capable of performing CPR at our facility but the chances of recovering from a full cardiorespiratory arrest episode for a significant period of time are less than 10%. The injuries and/or illnesses that accompany this situation also contributes to the poor prognosis.

The cost of performing CPR is \$383.

_____ I authorize resuscitation (CPR)

_____ I do not authorize resuscitation (DNR)

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the pet described above and accept full financial responsibility. *Full payment is due at the time of patient release.*

I authorize Pet Care Clinic of the High Country (PCC), its agents and representatives to perform surgical procedures and pre-operative screening described above. I have been advised as to the nature of the surgery and /or procedures and the risks involved. I acknowledge that results cannot be guaranteed.

I am aware all reasonable care will be taken by PCC for the safe treatment and return of my pet. I release the Pet Care Clinic of the High Country, its agents and representatives from any and all liability.

I have read and understand this authorization and consent.

Signature of Owner/Agent _____

Date: _____

Print Name _____

Pet Care Clinic of the High Country
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