



## 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 \$268.**

\_\_\_\_\_ 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  
1614 NC Hwy 105  
Boone, NC 28607  
828-268-1159