



**Andover Animal Hospital , Inc**  
 233 Lowell Street, Andover, Massachusetts 01810  
 (978) 475-3600

### Canine Sedation Consent

Client Name: . . _____	
Patient: . _____	Client ID #: _____
Procedure(s): _____	Date: _____

**Sedated Procedures:**  
 For procedures that may be uncomfortable or painful for your pet, we use a combination of a strong, reversible sedative and an opiate pain medication. These procedures may include some x-rays, laceration repairs, splint changes, or other procedures at the doctor's discretion. Your pet may also receive a reversal medication to help them recover more quickly from the sedation.

**Blood Screening**  
 \_\_\_\_\_ I understand that my pet will be having blood drawn for disease screening at the doctor's discretion based on age.  
 Blood work already completed on this date: \_\_\_\_\_

**Emergency Treatment**  
 \_\_\_\_\_ I hereby authorize treatment up to and including chest compressions, medications, and artificial respiration in the case of an unforeseen emergency. I understand that these interventions can be costly and outcome is not guaranteed. If the hospital staff is unable to reach me, and the doctors' medical judgment determines that there is no hope for success, I understand the staff will discontinue resuscitation.  
 \_\_\_\_\_ Do Not Resuscitate my pet (DNR). I wish to be notified prior to treatment of an unforeseen emergency. I understand that the delay in treatment could result in serious complications, including death.

**Vaccinations:**  
 All animals **must** be up to date with **required** vaccines to board in our facility. Any needed vaccines administered will **require** an exam for the additional cost of \$75.  
 Any exam, vaccinations and/or testing required for boarding **will** be done and charged to your account without prior documentation.

Please mark the needed vaccines and procedures. (Ask a staff member if any questions)

<input type="checkbox"/> Wellness Exam \$75	<input type="checkbox"/> Lyme \$51
<input type="checkbox"/> Canine Dist (DHLPP or DHPP) \$33 (Exam req)	<input type="checkbox"/> Fecal Sample \$44
<input type="checkbox"/> Leptosporosis \$33 (Exam required)	<input type="checkbox"/> Heartworm Test (4DX) \$74
<input type="checkbox"/> Rabies \$25 (Exam required)	<input type="checkbox"/> Heartworm Test and Wellness Screen (ages 2-6) \$150
<input type="checkbox"/> Bordatella/Parainfluenza \$39	<input type="checkbox"/> Senior Wellness Screen (ages 7 and up) \$190
<input type="checkbox"/> Canine Influenza \$44	<input type="checkbox"/>

We will be vaccinating your pet while he/she is here as indicated above. We want to inform you there is a possibility your pet may experience lethargy and a mild fever for 24-48 hours. This is a typical response. Adverse reactions include severe vomiting or diarrhea, difficulty breathing, hives and/or swollen face. Reactions usually occur within 30-60 minutes from vaccination but can occur up to 24 hours later. If your pet has a reaction, we will contact you immediately.  
**Please initial you have read the above paragraph** \_\_\_\_\_

\*I hereby give my consent and authorize the use of **sedation** for my pet. I understand that there are possible reactions, allergies, and other sensitivities that may result in complications, including death. These reactions are rare, but still occur in a small percentage of patients.  
**I understand that my pet is not supervised overnight.**

Signature: _____	Text Message Number: _____
Emergency Contact Number: _____	E-Mail Address: _____
Date: _____	Employee Initials: _____