



Maplebrook Pet Care Center
2811 White Bear Avenue
Maplewood, MN 55109
651-788-9006

Exotics Sedation Release

Owner First and Last Name:
Street Address:
City, State:
Zip Code:
Phone Number:

Patient Name:
Breed:
Age:
Sex:
Color:

Please take time to review this form and sign the authorization.

To acquire diagnostic samples, complete a thorough physical exam, and / or obtain quality images via radiograph or ultrasound, we will need to sedate your pet. Sedation is the best way to reduce stress on exotic patients during exams and procedures and to ensure that we have the best chance to accomplish all therapeutic goals as efficiently as possible.

I authorize Maplebrook Pet Care Center to perform **sedation** on my pet.

_____ (PLEASE INITIAL)

I certify that I am the owner of my pet, or that I am acting as the owner's agent for my pet and that I have the authority to execute this consent. I hereby authorize Maplebrook Pet Care Center and its staff to perform sedation and all previously discussed diagnostic testing, and therapeutic procedures on my pet.

_____ (PLEASE INITIAL)

It is important to acknowledge that small mammals, birds, and reptiles are at a much higher anesthesia and sedation risk than other pets. While your pet is sedate, we will maintain a constant record of vital signs including heart rate, respiratory rate, oxygenation levels (if able to obtain, and pending body size), blood pressure (if able to obtain, and pending on body size), and temperature. This helps us to detect potential anesthetic complications early and treat them before they become life threatening.

I acknowledge that during the procedure(s), unforeseen conditions may arise that could necessitate the performance of additional procedures or emergency interventions.

_____ (PLEASE INITIAL)

The nature of this procedure has been described to me to my satisfaction and I understand the associated risks. While I accept that all necessary precautions will be taken to reduce risks, I understand that no guarantee or warranty has been made regarding the outcome of said procedure. I acknowledge that unexpected severe complications with anesthesia and sedation can occur. In addition, risks of all anesthetics may include, but are not limited to; low blood pressure, low oxygenation leading to stroke, vomiting or regurgitation leading to aspiration and pneumonia, infection, bleeding, drug reactions, blood clots, corneal abrasions and ulcers, damage to veins, arteries or nerves, brain damage, or death.

_____ (PLEASE INITIAL)

EMERGENCY RESUSCITATION

I acknowledge that in the event of an emergency, the treating doctor may not have time to call and discuss treatment options and cost prior to intervention. I authorize additional treatment as deemed necessary by the doctor in the event of an emergency, over and above the treatment discussed of \$300 – 400. This cost can include emergency medications, oxygen therapy, ventilation, chest compression and critical monitoring for up to one hour.

_____ (PLEASE INITIAL)

OR

DO NOT RESUSCITATE

I authorize **ONLY** the treatment previously discussed with the treating doctor and **DO NOT** authorize any additional treatment for my pet.

I understand that unforeseen complications resulting from sedation and anesthesia can be serious, up to and including death and I do not want any interventions taken for my pet.

_____ (PLEASE INITIAL)

Signature: _____

Date: _____

Phone number to reach you today: _____

When are you available: _____

Initials of Staff that presented this release: _____