

Maplebrook Pet Care Center
2811 White Bear Avenue
Maplewood, MN 55109
(651) 788-9006
Dr. Kristina Andrusko-Bipes
Dr. Amberleigh Barker
Dr. Sarita Patel
Dr. AJ Alexander
Dr. Alyssa Ziche

SEDATION RELEASE FORM

Owner Full Name:
Street Address:
City, State:
Zip:
Phone Number:

Patient Name:
Breed:
Age:
Sex:
Color:

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

IV CATHETER (if applicable based on procedure):

We will place an IV catheter prior to sedation. This required procedure supports the cardiovascular system and allows rapid administration of drugs in case of emergency.

PAIN MANAGEMENT:

Post-sedation pain relief medications will be determined by the Doctor on an individual patient basis. This includes both in-hospital and at-home pain management.

____I certify that I am the owner 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 consent and authorize Maplebrook Pet Care Center and its staff to perform the previously listed anesthetic/sedation/surgical procedure.

____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. Complications and adverse events can occur even when appropriate precautions have been taken and in rare cases can be serious; up to and including death.

____ Furthermore, in the event of an emergency, I authorize any necessary medication or procedure that the Doctors may deem necessary for the health, safety, and well-being of my pet while under their care and supervision. In the event of any adverse outcome, I agree to release Maplebrook Pet Care Center and its staff from any responsibility and/or liability, in the absence of gross negligence.

____ I further agree that I am responsible for payment in full for these procedures and treatments at the time that my pet is discharged.

SIGNED: _____ **DATE:** _____

TODAY'S PHONE NUMBERS: 1) _____
2) _____