



Sedation Consent Form

Owner Name: _____ Patient Name: _____ Date: _____

Referring Hospital: _____ Your Veterinarian: _____

On the Spot Vet Surgeon: _____

Please read the following sedation consent form carefully. By signing at the end of this form, you are agreeing that you have read and understand the terms and conditions for your pet to be under the care of On The Spot Vet Surgeons.

Procedure to be performed: _____

Procedure: It has been deemed by your primary veterinarian and/or the surgeon at On the Spot Veterinary Surgery that your pet will benefit from sedation for the procedure identified above. The sedation procedure may involve two medications. The first medication will be to sedate your pet, allowing for your pet's complete comfort during the entirety of the procedure. Once the procedure has been performed, a second medication (reversal agent) may be administered if necessary. With reversal medications, sedation usually processes through the body in the matter of an hour or two following the completion of the reversal agent being given.

Consent to Medical Treatment and CPR Directive: In the unlikely event that your pet will require resuscitative measures, please read the following directive, and choose one of the options for cardiopulmonary resuscitation (CPR).

During sedation procedures, life threatening complications such as respiratory and/or cardiac arrest may occur, requiring medication treatment and/or CPR. If my pet stops breathing or his/her heart stops beating, I realize even the most successful CPR measures may not restore him/her to good mental and physical health.

- **Level 1:** NO CPR procedures are to be administered. DO NOT PERFORM CPR ON MY PET.
- **Level 2:** Endotracheal tube intubation, positive pressure respiration, administration of emergency drugs, external cardiac massage (chest compressions).

Print or Type your CPR choice here: _____

I accept that if the On The Spot Medical Team are unable to reach me within twenty (20) minutes after the initiation of CPR and if after administering reasonable treatment there appears to be virtually no hope for medical success, CPR will be withdrawn.

On The Spot Veterinary Surgery
Phone: (740) 877-6805
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<https://onthespotvetsurgeons.com/>

I consent to the following procedure(s) for my pet: sedation for specified procedure.

I have discussed the aforementioned sedation procedure and the importance of pre-surgical blood testing if deemed necessary with my primary veterinarian. I understand that there are risks and hazards involved with the recommended sedation procedure. I agree to follow post-sedation instructions and to restrict my pet from full activity until approved by Dr. Reynolds or my primary veterinarian. I realize that no guaranty or warranty can ethically or professionally be made regarding the results or cure of my pet.

By signing below, I authorize the surgeons and/or associates of On The Spot Veterinary Surgeons, LLC, to perform the specified sedation procedure on my pet. I am also aware that Dr. Reynolds is not a board certified surgeon and I understand that there are small-animal board-certified surgeons available in the area.

Pet Owner Name: _____ Pet Owner Signature: _____

E-mail Address: _____ Phone Number: _____

Post-operative go-home instructions will be e-mailed directly to you. Please provide an accurate e-mail address that you can access the day of your pet's procedure.

Social Media Release: On the Spot Veterinary Surgeons LLC occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name. We would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians and veterinarians.

Please choose one of the following options for social media permissions:

- Yes, On The Spot may mention your pet on social media channels.
- No, please do not share my pet's picture, video or story.

OTS Medical Team Use only:

Pet last meal prior to today's procedure?

Current medications and when last given?



ON THE SPOT

veterinary surgery

1. Do you have an **e-collar** (cone) or Licksleeve at home for your pet?
Type of E-collar/Licksleeve:

2. **Allergy Medication** (Ex: Apoquel, Cytopoint, Shampoos)
 - a. Is your pet currently taking any medications/shampoos for allergies?
 - b. Name, dosage and how often your pet is receiving this medication and/or bath?

3. **Antibiotic** (Ex: Cephalexin, Cefpodoxime, Simplicef)
 - a. Is your pet currently taking an antibiotic medication?
 - b. Name, dosage and how often your pet is receiving this medication?

 - c. What date did you start this medication?
 - d. Do you have enough medication to give as directed 2 weeks after surgery?

4. **Anti-inflammatory** (Ex: Rimadyl, Carprofen, Vetprofen)
 - a. Is your pet currently taking an anti-inflammatory medication?
 - b. Name, dosage and how often your pet is receiving this medication?

 - c. When will the last dose of this medication be given (date and specific time?)
 - d. Do you have enough medication to give as directed 2 weeks after surgery?

5. **Pain Management** (Ex: Gabapentin, Tramadol, T-Relief)
 - a. Is your pet currently taking any pain management medications?
 - b. Name, dosage and how often your pet is receiving this medication?

 - c. Do you have enough medication to give as directed 2 weeks after surgery?

6. **Anti-anxiety/Sedative** (Ex: Trazodone, Acepromazine)
 - a. Is your pet currently taking any anti-anxiety/sedative medications?
 - b. Name, dosage and how often your pet is receiving this medication?

 - c. Do you have enough medication to give as directed 2 weeks after surgery?

7. **Additional medications and supplements:**