

**Riverside Veterinary Hospital  
99 Success Court  
Rocky Mount, NC 27804  
(252) 442-3636**

**Consent Form to Sedate for Grooming**

I authorize the staff of Riverside Veterinary Hospital to sedate \_\_\_\_\_ in order to groom safely and properly.

I also understand that when possible my pet will receive a brief physical exam prior to sedation. If my pet proves to be too aggressive or scared to examine prior to sedation, an examination will be performed at the earliest possible time following sedation (Initial)\_\_\_\_\_.

If my pet's temperature falls below acceptable standards to then bathe after being under sedation for the grooming, I understand that it is left up to the discretion of the veterinarians and grooming staff to decide whether or not to bathe, and allow my pet to wake up and have the body temperature come back up to normal. (Initial)\_\_\_\_\_.

I understand that there is always a potential risk in sedating and anesthetizing pets. Riverside Veterinary Hospital is to use all reasonable precautions against injury, escape, or death of my pet. (Initial)\_\_\_\_\_.

Pre-sedation blood work is recommended to check basic organ function. The additional fee for performing such blood work is **\$42.00.**  
\_\_\_\_Yes, please perform the pre-sedation blood work recommended.  
\_\_\_\_No, I decline the recommended blood work prior to sedation. I assume all responsibility if my pet develops any complications from sedation that may have been detected on preliminary lab work.

I understand that there is an additional fee for sedation and I assume full financial responsibility for my pet.

Signature of owner or responsible agent \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

I can be reached today at the following phone number(s) \_\_\_\_\_