



(P) 318-742-8002 www.Bossier.PetStar.vet

Sedation Form

Procedure(s): _____ **Date:** _____

Owner's Name: _____

Patient's Name: _____

Breed: _____ **Sex:** _____ **Color:** _____

Consent for Sedation

As the owner or agent of the animal described above, I hereby authorize and direct Petstar Animal Care to perform the procedure(s) noted above and to administer such treatments and anesthetic procedures as they deem necessary for my pet. I have been advised and understand the nature of the procedures and relative risks involved. I authorize Petstar Animal Care to provide any appropriate care should an unexpected complication arise. Further, I assume financial responsibility for all services rendered/charges incurred to the patient _____ (animal).

SIGNATURE OF OWNER / RESPONSIBLE AGENT: _____

PHONE NUMBER WHERE YOU MAY BE REACHED: _____