



Austin Urban
Vet Center

SEDATION PERMISSION

Date: _____

Client's Name: _____

Pet's Name: _____

Contact Number for today: _____

I authorize Austin Urban Veterinary Center to sedate my pet for the following procedure: _____ .

Austin Urban Veterinary Center recommends pre-sedative bloodwork before any sedative procedure. I DO/DO NOT authorize Austin Urban Veterinary Center to perform presedative bloodwork. _____ INITIAL PLEASE

My pet last ate at _____ pm/ am.

I am aware that full payment is expected at time service is rendered. I understand the risks associated with procedures performed at Austin Urban Veterinary Center.

Signature of Owner or Authorized Agent