



Restful Paws

In Home Pet Hospice and Euthanasia

Use of Injectable Sedation/Anesthesia Agreement Consent Form

Patient's Name _____ Breed _____
Age _____

Restful Paws Hospice Veterinarian _____

In the event of a crisis, reasons for administration:

1. To provide relief from painful or relentless discomfort
2. To allow time for the veterinary staff to arrive

Conditions which could arise **requiring administration**:

1. Seizures
2. Severe breathing difficulty
3. Crying out in acute pain

Symptoms that may present **following administration**:

1. Unconsciousness
2. Fluctuating breathing patterns (may be very slow)
3. Seizures
4. Urination or defecation
5. Vomiting
6. Death

I, the owner or agent of the pet identified above, certify:

1. I am over the age of 18 and authorize Restful Paws Veterinary Inc., to provide me with an injectable solution for sedation/anesthesia for my pet, to be given at my discretion in the event of a crisis.
2. I am aware of the risks and possible complications involved with sedation, including a natural death before veterinary staff could be present.
3. I am not being forced to give the injection, but may choose to do so if I feel it is in the best interest of my pet.
4. I do not hold Restful Paws Veterinary Inc. responsible for any medical emergencies that may arise from said sedation.

5. I understand that no guarantee can be made as to how my pet will react to the injection.
6. The Restful Paws staff has shown me how to administer the injection in the event of an emergency.
7. I will keep all syringes properly protected and away from children and others not directly involved in my pet's care.
8. If the drugs are DEA scheduled drugs, I will dispose of them at designated DEA disposal locations.

This sedation/anesthesia injection form is being signed through my own will and I will adhere to the above requirements for proper use of all injection(s).

Date _____

Signature _____

Printed name _____

Address _____

Phone _____

Restful Paws Veterinarian _____

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