



Sedation, Anesthesia, and/or Procedure Consent

Client Acknowledgement and Authorization

I acknowledge that I have discussed the recommended procedure(s) for my pet with the veterinary team at Long Meadow Veterinary Clinic, including the sedation and/or anesthesia plan, anticipated benefits, known risks, expected recovery time, follow-up care, estimated costs, and reasonable alternative treatment options.

I certify that all questions I have regarding my pet's procedure, anesthesia, and care have been answered to my satisfaction.

I understand that all medical and surgical procedures, including sedation and anesthesia, carry inherent risks and that complications or adverse events may occur despite appropriate care. I acknowledge that no guarantees or warranties have been made regarding the outcome of my pet's procedure.

I authorize Long Meadow Veterinary Clinic to perform the agreed-upon procedure(s), sedation, and/or anesthesia, as well as medically necessary supportive care during my pet's stay.

I understand that:

- My pet will remain in the clinic's care during the sedation, anesthesia, and/or procedure
- Normal dismissal times are between 4:30 p.m. and 6:30 p.m.
- Failure to pick up as scheduled may require overnight hospitalization at my expense
- The clinic is not staffed overnight, and unattended hospitalization carries additional risk

I designate the primary contact provided today as fully authorized to receive updates and make medical and financial decisions on my behalf.

Special Consents for Dental & Oral Procedures

I understand that a complete oral assessment with dental cleaning and polishing is required to accurately diagnose dental disease in my pet and that the full extent of oral disease is often not known until anesthesia and dental imaging are completed.

I acknowledge that additional dental treatments may be medically necessary based on findings during the procedure, including but not limited to:

- Deep periodontal cleaning
- Periodontal sealants or gingival therapy
- Oral medications
- Tooth extractions
- Referral to a veterinary dental specialist

I understand that:

- Cleaning the visible surfaces of diseased teeth without addressing underlying disease is not medically appropriate
- Untreated dental disease can cause significant pain and systemic illness
- The overall treatment plan and cost may change based on findings during the dental assessment

I consent to the veterinarian performing additional medically necessary dental treatments during today's procedure as outlined in the treatment plan or discussed verbally during the procedure, provided that:

- Care remains within the scope of services discussed

- Charges do not exceed 15% above the high end of the approved estimate without verbal authorization from an authorized decision-maker

I understand that more extensive dental treatment may require a separate procedure on a different day.

Client Attestation, Consent & Acknowledgement

I attest that I am the legal owner of the pet listed above or an authorized agent acting on behalf of the owner, and that I am at least eighteen (18) years of age.

I acknowledge that I have read, understand, and agree to the policies of Long Meadow Veterinary Clinic and related consents.

By signing below, I consent to veterinary care as authorized and agree to comply with these policies. I understand that I am financially responsible for services provided as permitted by law.

I further acknowledge that it is my responsibility to inform any co-owners, authorized decision-makers, and any individuals authorized to drop off or pick up my pet of these policies, and I agree to ensure that such individuals comply with them.

I understand and agree that my electronic signature, digital acknowledgment, or electronic consent (including signatures executed via electronic devices, client portals, or practice management systems) is legally valid and enforceable to the same extent as a handwritten signature, in accordance with applicable Texas law.

By signing below, I acknowledge that I have been fully informed of my options and consent to sedation, anesthesia, and/or the procedure(s) planned for my pet.

Patient Name: _____

Client Printed Name: _____

Client Signature (Handwritten or Electronic): _____

Date: _____