



# Keywood Animal Clinic, LLC

Abingdon, VA

## Sedative/ Anesthesia Consent

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but you will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith as it is thouroughly understood that I assume all risks.

**I HAVE READ THE ABOVE AND AGREE.**

\_\_\_\_\_ Owner/Responsible party \_\_\_\_\_ Date

## Refusal of Optional Treatment(s) and/or Medical Test(s)

Date: \_\_\_\_\_

I (print name) \_\_\_\_\_ do hereby refuse to have the following treatment(s) done on my pet.

Pet's Name: \_\_\_\_\_

Treatment (describe): \_\_\_\_\_

Pre-Surgical Bloodwork  Complete Blood Count  Urinalysis  Chemistry Panel

X-Rays (describe): \_\_\_\_\_

Other: \_\_\_\_\_

I hereby release you, Dr. \_\_\_\_\_ of all responsibility pertaining to my refusal of the above. You will not be held liable or responsible in any manner whatsoever. It is further understood that I assume all risks by my refusal of the above named treatment(s) or medical test(s).

**I HAVE READ THE ABOVE AND AGREE**

\_\_\_\_\_ Owner/Responsible Party \_\_\_\_\_ Date