FRANKFORD PET HOSPITAL
3044 OLD DENTON RD #320
CARROLLTON TX 75007
972-242-7710
972-242-7651

GROOMING SEDATION CONSENT FORM

1. OWNER_____
2. PET'S NAME_____
3. DATE_____

I give consent for the veterinarian to tranquilize my pet for the purpose of grooming or bathing. I understand sedation will be administered only after all attempts to groom have been made without success. I also understand that there will be an additional $30 charge added to the grooming charges if sedation is necessary.

_____ _____
owner/agent signature emergency phone number for today

Before sedating your pet, we will perform a pre-anesthetic exam. We also recommend a pre-anesthetic blood profile prior to sedation to maximize patient safety and alert the doctor to something that could complicate the procedure. Many conditions may not be detected without a blood profile.

_____ $27…Minor blood profile…checks one kidney function, checks for anemia and hydration levels

_____$65…Young pre-anesthetic blood profile…for healthy pets under 7yrs old. BUN/Creatinine (kidney), ALKP and ALT (liver), Glucose (sugar), total protein (hydration), complete blood count (checks for anemia and infection)

_____ I authorize the above indicated blood work prior to sedation of my pet.

_____ I decline any of the recommended blood tests and authorize the doctor to proceed with the sedation on my pet.