

Animals R Us
8901 W State Street
Boise Idaho 83704

Grooming Anesthetic/Sedation Release

Client: _____ Date: _____

Pet's Name: _____

Grooming instructions:

I hereby authorize the doctors and or staff of Animals R Us to administer gas and/or injectable medications to provide general anesthesia for my pet in order that my pet may be safely groomed as needed. I understand that no guarantee or assurance has been made as to the results if the examination or treatment of my pet. I assume all financial responsibility for all charges incurred on behalf of this pet.

Some pets may require general anesthesia. Animals R Us will attempt to use the least amount of anesthesia needed to successfully complete a groom that is safe for the pet and the handler. I understand that there will be a period of recovery from this anesthesia. I also understand that it is the discretion of the Doctors at Animals R Us which type of medications are used at each sedation/anesthetic event with grooming visit, and that my pet may not receive the same type of medication at each sedation/anesthetic event with grooming or if any anesthetic is even needed.

I understand that general anesthesia carries inherent risks, including death. I understand that pre-anesthetic blood panel is recommended for pets over the age of 8 years. Initials _____

Signature: _____

Number to be reached today: _____ 2nd Number: _____