

## Sedation Release Form

**Client Name:** \_\_\_\_\_

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

**Date of Appointment:** \_\_\_\_\_

### 1. Purpose of Sedation

I, the undersigned, acknowledge that sedation is being considered for my pet to facilitate a safe and stress-free grooming experience due to my pet's anxiety, aggression, or other factors that may prevent safe grooming.

I understand that sedation is **not** administered by Daisy Doodles Grooming, but will be prescribed by a licensed veterinarian and must be given to my pet **prior to the grooming appointment**.

### 2. Veterinary Authorization

I confirm that I have consulted with my pet's veterinarian regarding the sedation and that my pet's veterinarian has approved the use of sedation for grooming. I understand that sedation must be administered according to the veterinarian's prescribed instructions and that I am responsible for ensuring the sedation is administered before the grooming session.

**Veterinarian's Name:** \_\_\_\_\_

**Veterinarian's Contact Information:** \_\_\_\_\_

### 3. Risks and Acknowledgment

I acknowledge the following risks associated with sedation:

- **Health Risks:** Sedation may cause side effects such as dizziness, nausea, or other complications. Daisy Doodles Grooming will not be held responsible for any adverse reactions to the sedation.
- **Behavioral and Physical Effects:** Sedation may cause drowsiness, coordination issues, or temporary changes in behavior, which could affect my pet's experience during grooming.
- **Potential for Injury:** While every effort will be made to minimize risks, sedation may lead to minor injuries such as cuts or abrasions if my pet becomes overly relaxed or uncooperative.

#### **4. Grooming Procedure and Limitations**

- I understand that if my pet's condition worsens or if they react negatively to the sedation, grooming may be stopped at any time for my pet's safety.
- I consent to the groomer making decisions based on the best interest of my pet during the grooming session.

#### **5. Post-Grooming Care**

I acknowledge that my pet may require monitoring after the grooming session to ensure that the effects of sedation wear off safely. I agree to follow any post-sedation instructions provided by the groomer or veterinarian.

#### **6. Release of Liability**

I, the undersigned, release Daisy Doodles Grooming and its employees from any liability related to the use of sedation, including but not limited to adverse reactions, injury, or complications during or after the grooming session. I understand that while sedation can help make grooming safer for my pet, there are inherent risks involved.

#### **7. Owner's Responsibilities**

- I confirm that I have disclosed all relevant medical information regarding my pet's health, including allergies, medications, and any pre-existing conditions, to the groomer.
- I understand that I must ensure my pet receives the prescribed sedation before the grooming session.

**Signature of Pet Owner:** \_\_\_\_\_

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

By signing this form, I acknowledge that I have read and understood the information regarding sedation, its risks, and the grooming process. I hereby give permission for Daisy Doodles Grooming to proceed with the grooming of my pet under the sedation conditions specified above.