

Authorization for Sedation or Surgery/Anesthesia

Client's Name _____ Pet's Name _____

Procedure or Surgery to be Performed

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarians at Anderson's Corner Animal Hospital to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedure(s) is/are initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I certify that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for the fees, and provide payment at the time my pet is discharged from the hospital. Should life-saving emergency be required, we will always pursue treatment including CPR/resuscitation.

I have read and fully understand the above terms and conditions set forth above.

Date: _____

Phone number(s) at which owner/agent can be reached today-tomorrow:

Home: ()

Work: ()

Emergency: ()

Signature of owner or agent: _____

Anderson's Corner Animal Hospital

8391 Richmond Rd Toano VA 23168