

Authorization for Sedation

Client's Name: _____ Pet's Name: _____

Your pet will be undergoing sedation for a procedure or exam today.

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 veterinarian(s) at this practice to perform the planned procedure(s). I understand that some risks always exist with sedation and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian 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 understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures.

I agree to assume financial responsibility and provide payment in full via cash, personal check, credit card, or care credit at the time my pet is discharged from the hospital. I also understand that during procedure(s) unforeseen conditions may arise. Therefore, I hereby consent to and authorize such procedures as are necessary in the exercise of the veterinarian's professional judgement in such circumstance(s). I also do hereby acknowledge that I understand there are no guarantees either expressed or implied that the procedures planned will be without complications from unexpected events beyond the veterinarian's and hospital's control. I agree to indemnify and hold Northwood Animal Hospital harmless from and against all liability arising out of the performance of any of the planned procedures.

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me or time is of the essence, the staff **HAS** **or DOES NOT HAVE** **(CHECK ONE)** my permission to provide such treatment and I agree to pay for such services.

Phone numbers / email where I can be reached today: _____

If Owner is Unavailable, Name and Number of Emergency Contact: _____

Signature of Owner or Authorized Agent

Date