

AUTHORIZATION FOR ANESTHESIA AND/OR SURGERY

For: _____ Time of Pet's last meal: _____

Anesthetic and surgical procedure(s) to be performed _____

I, the undersigned owner, or owner's agent, of the pet identified above certify that **I am__am not__**(check one) over 18 years of age and hereby authorize the doctor(s) at Clayton Road Veterinary Hospital to perform the above anesthetic and surgical procedure(s). I understand that some risk always exists 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 done to the best of the abilities of the staff at Clayton Road Veterinary Hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. Should some unexpected life-saving emergency care be required and the hospital staff be unable to reach me, the staff of Clayton Road Veterinary Hospital has___does not have___(check one) my permission to provide such treatment and I agree to pay for such service. I agree to pay a deposit of _____% of the estimated fees and assume financial responsibility for the balance of all services on a cash, credit card or check basis at the time my pet is discharged from the hospital.

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

_____ Date _____
Signature of Owner or Agent

Phone Number(s) at which owner can be reached today and tomorrow

Would you like us to text you when the procedure is done? _____

**Does your pet have any history of seizures? Y/N If yes, please explain _____

While your pet is here, would you like any of the following services performed(at an additional cost):

Pedicure: Y/N Ear Cleaning/Plucking: Y/N
Anal Gland Expression: Y/N Other: _____