

**AUTHORIZATION FOR
ANESTHESIA AND/OR SURGERY**

For: _____

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.

Signature of Owner or Agent

Date

Signature of Parent or Legal Guardian
if owner/agent less than 18 years of age

Date

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? _____