

THE CAT HOSPITAL OF ORLANDO

AUTHORIZATION FOR SEDATION/ANESTHESIA

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

Anesthetic and/or surgical procedure(s) to be performed:

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** _____ **I am not** _____ (check one) eighteen years of age or over and authorize the veterinarian(s) at The Cat Hospital of Orlando to perform the above 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 veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for the procedure(s), and provide payment via cash, check or credit card at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** ____ **does not have** ____ (check one) my permission to provide such treatment and I agree to pay for such services.

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/or tomorrow.