Client:	**{FULLNAME}**	Patient:	**{NAME}**	Sex:	{SEX}
Date:	{CURRENTDATE[SHORT]}	DOB:	{BIRTHDATE[SHORT]}	Species:	{SPECIES}
Phone:	{PHONENUMBER}	Age:	{AGE}	Breed:	{BREED}

Authorization for Sedation

Reason for anesthesia to be performed: {REASONFORANESTHESIASEDATION}

Best phone number to be reached at: {BESTPHONENUMBERTOBEREACHEDAT}

Current Medications:(Any other than Heartworm/flea/tick preventions) Please list all medications your pet is currently taking.

_____

_____

Last Dose Given: Indicate whether each medication was administered the night before surgery and/or the morning of surgery.

_____

_____

I, the undersigned owner or agent of the owner of the pet identified, certify that I am eighteen years ofage or over and authorize the veterinarian(s) at this practice 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 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 the hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has beenmade regarding the results that may be achieved. **Should unexpected life-saving emergency care be requiredand the hospital staff is unable to reach me, the staff ☐ has permission and I agree ☐ does nothave permission and I do not agree to provide such treatment and I agree to pay for such services.**

{CLIENTSIGNATURE} {CURRENTDATE[SHORT]}

Signature of Owner or Authorized Agent Date

****