



3991 County Rd 516, Matawan, NJ 07747  
(732) 566-6363

## Authorization for Hospitalization/Sedation

**Client Name:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I am the owner (or authorized agent for) of the above-mentioned animal.

I have discussed the reasons for hospitalization/sedation with \_\_\_\_\_ and I am satisfied with the plan of management. The nature of such services has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure. I authorize use of sedatives and pain medications if deemed warranted by \_\_\_\_\_. If anesthesia or sedation is required, I understand, and accept that there are always inherent risks, including death. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me is possible.

I have also had the likely fees explained to me and I have received estimate # \_\_\_\_\_ ranging from \$\_\_\_\_\_ to \$\_\_\_\_\_ for anticipated medical services. It is understood that there may be unforeseen complications and that further treatment may be necessary during the hospitalization. I accept and assume full and total financial responsibility for any and all services rendered by the clinic, its staff or employees in the treatment of the above described animal and agree to pay the fees at the time of my pet's discharge or other demise.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date