



224 2nd Ave Long Branch, NJ 07740
732-571-4100

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

