

SOUTH FORSYTH ANIMAL HOSPITAL

AUTHORIZATION FOR SEDATION

I, _____, being a person over eighteen years of age, hereby give my consent for a surgical or anesthetic procedure to be performed on the animal, _____, by the **SOUTH FORSYTH ANIMAL HOSPITAL**, for _____ (reason).

Home Phone:

Day contact phone: _____

Mobile Phone: _____

Relative Phone: _____

DECLARATION

I am the owner of the above-mentioned animal.

I have had the reasons for surgery or anesthesia explained to me and I am satisfied with plan of management for _____'s condition. I have also had the likely fees explained to me and accept responsibility for payment of these fees at the time of _____'s discharge.

While _____ is in **SOUTH FORSYTH ANIMAL HOSPITAL** receiving treatment I agree to indemnify the **SOUTH FORSYTH ANIMAL HOSPITAL**, its servants or agents, from any loss or liability which they may incur as a result of any inaccuracy whether intended or otherwise in this, my solemn declaration.

Signed _____

Witness _____

Date _____