

**Authorization for Anesthesia and/or Surgery**

Patient Name: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

Client Name: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Anesthetic and surgical procedures to be performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ I, the undersigned below certify that I am eighteen years of age or older and authorize the veterinarians at Quail Hollow Animal Hospital to perform the procedures upon my animal stated above.

\_\_\_\_ 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 or technician before the procedures are initiated.

\_\_\_\_ While I accept that all procedures will be performed to the best of the abilities of the staff at Quail Hollow Animal Hospital, I understand that NO guarantee or warranty has been made regarding the results that may be achieved.

\_\_\_\_ I agree to pay a **deposit of 75%** of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time the said patient is to be discharged from the hospital, unless other arrangements have been pre-arranged to this time.

\_\_\_\_ Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, I **approve / decline** such treatment necessary 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 of Legal Guardian if  
Owner/agent is less than 18 years.**

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