Hudson Animal Hospital Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name	ePet's Name
Anesthetic and	d medical or surgical procedure(s) to be performed:
The most serio	ous or common complications include:
practice to per and that I am e procedure(s) is	aned owner or agent of the owner of the pet identified above, authorize the veterinarian(s) at this form the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery encouraged to discuss any concerns I have about those risks with the attending veterinarian before the s/are initiated. My signature on this form indicates that any questions I have regarding the following en answered to my satisfaction:
•	The reasonable medical and/or surgical treatment options for my pet Sufficient details of the procedures to understand what will be performed How fully my pet will recover and how long it will take The most common and serious complications The length and type of follow-up care and home restraint required The estimate of the fees for all services Any necessary payment arrangements
understand tha	t that all procedures will be performed to the best of the abilities of the staff at this hospital, I at veterinary medicine is not an exact science and that no guarantee or warranty has been made results that may be achieved. I agree to assume financial responsibility and provide payment via r credit card.
nighttime hou	by pet is hospitalized beyond the first day at this facility, I understand that veterinary care during and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of not be provided during these hours.
	eterinary medicine is an inexact science and that no guarantee of successful treatment has been made. d understand the nature of the above procedures and give my consent to proceed.
()	Phone number(s) for today
Signa	ture of Owner or Authorized Agent Date