



Authorization for Hospitalization

Client Name: _____
Pet Name: _____
Date: _____

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

I have discussed the reasons for hospitalization with the attending veterinarian 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 am aware and understanding the risk: that Market Lane Animal Hospital has regular business hours and does not offer 24/7 supervision of my pet during the hospitalization period.

I authorize use of sedatives and pain medications if deemed warranted by the veterinarian. 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, 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 an 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 or referral to an emergency hospital or referral center might be needed. 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: _____

Signature: _____