

**Northwoods Animal Hospital
Sedation Authorization Form**

I authorize Northwoods Animal Hospital to sedate my pet _____

in order to examine and/or treat my pet for the following procedure(s):

I, the owner (or agent of the owner) of the pet identified above, certify that I am over the age of 18 and thereby authorize the doctors of Northwoods Animal Hospital to perform the above procedure(s) for my pet. I understand that even with extreme care, possible complications associated with sedation (e.g. cardiac arrest, respiratory arrest and death) may occur. I understand the information present on this sedation form and give permission to proceed with the sedation as well as perform any and all lifesaving procedures should the need arise. I understand that no guarantee can be made regarding a cure or as to the results that may be achieved from the above procedure(s). Further, I understand I am financially responsible for all costs incurred during sedation, treatment and hospitalization and that payment is due at the time my pet is discharged.

Signature _____

Date _____

Phone number where I can be reached between 9:00 - 5:00 the day of sedation
