



103 Woodland Street Nashville, TN 37206
615-750-2377

Authorization for Sedation or Procedure

Client's Name: _____ Pet's Name: _____

Sedation or surgical procedure(s) to be performed:

I, the undersigned owner or owner's agent of the pet identified above, authorize the veterinarians at 5 Points Animal Hospital to sedate my pet for the above recommended procedure(s). I understand that some risks always exist with sedation and/or surgery, that veterinary medicine is not an exact science, and that no guarantees have been made to me regarding the outcome of this/these procedures. I hereby release 5 Points Animal Hospital from any and all liability for so performing sedation and said procedure(s). Should some unexpected life-saving emergency care be required, and the attending veterinarian is unable to reach me, the staff at this practice have my permission to provide such treatment, and I agree to pay for such care. All questions and concerns I have about the procedure(s) my pet is having today have been answered to my satisfaction. If requested, I have been given an estimate of costs for the procedure(s), and I am aware that payment is due on the day that services are rendered.

YES I approve sedation

NO I decline sedation and would like a call first if this is necessary

Signature _____ Date _____ Phone Number _____