



HUMANE SOCIETY  
—MOHAVE COUNTY—

## ANESTHESIA/SEDATION PROCEDURE AUTHORIZATION

### **Please initial after each statement below:**

I understand that unforeseen conditions may be revealed during the procedure(s) that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet, in the professional opinion of the attending veterinarian. \_\_\_\_\_

The veterinarian has described the procedure(s) identified in the consent form and has explained, to my satisfaction, the purpose for performing said procedure(s), and the potential risks involved. I realize there can be no guarantee as to the outcome of any procedure(s). \_\_\_\_\_

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that my questions have been answered to my satisfaction. While HSMC Animal Medical Center provides the highest quality of anesthesia monitoring and surgical services, I understand that there can be rare complications associated with any anesthetic or surgical procedure. I have been advised that there is an extremely small risk of death, complications, and/or side effects every time an anesthetic is used. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold HSMC Animal Medical Center, the veterinarians, or any staff member liable for any complications that may arise. \_\_\_\_\_

I agree that the estimate included does not include the cost of post-operative services (emergency or otherwise), rechecks, additional lab work, bandaging, or medications not specified in the estimate. I understand and assume financial responsibility for ALL services rendered. \_\_\_\_\_

I have read and understand **this** authorization.

Owner/Authorized Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Technician/DMV Witness Signature: \_\_\_\_\_