



## NOAH Pet Clinic

### Authorization for Hospitalization

**Client Name:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

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

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

I have discussed the reasons for hospitalization with my pet's doctor and/or a member of my pet's healthcare team 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 authorize use of sedatives and pain medications if deemed warranted by my pet's doctor. 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 situation, 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.

In the event that my pet needs to be hospitalized for overnight/weekend treatment, I understand that, although my pet will be checked on as often as deemed necessary by the doctor, **NOAH Pet Clinic** does not have continuous overnight/weekend monitoring and my pet will be left unattended for up to several hours at a time. The potential complications (upto and including death) that may arise from my pet being left unattended have been explained to me and I understand and accept these risks. I decline referral to an overnight veterinary care facility that would be able to provide continuous monitoring for my pet.

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. I will not hold **NOAH Pet Clinic**, the veterinarians, or any staff member liable for any complications that may arise. I accept and assume full and total financial responsibility for any and all services rendered by **NOAH Pet Clinic** 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_