



..... 4960 Camden Avenue  
..... San Jose, CA 95124  
..... 408.265.2200 Phone  
..... 408.265.3448 Fax

## Surgical and Hospitalization Authorization

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Planned Procedure: \_\_\_\_\_

I am the owner, responsible agent for, or the owner's authorized agent, of this pet. I understand these surgical procedures or operations may involve risks of unsuccessful results, complications, or even death, from both known and unforeseen causes and no warranty or guarantee is made as to the result or cure. I have discussed with my veterinarian such risks as well as the nature and purpose of the procedure or operation and the available alternative methods of treatment and have received and understand all the information I desire regarding said procedures or operations.

I authorize the veterinarians and the staff at Camden Pet Hospital to perform all procedures as set forth above, including surgery, treatment, laboratory, x-ray, medications and anesthetics. I also understand that it may be necessary to provide emergency medical care, in the event that I cannot be contacted. I consent to any necessary procedures not set forth on this form, should that procedure be necessary and desirable in the attending veterinarian's professional judgment. I understand that an attendant is not on the hospital premises 24 hours per day and that after hours care is provided as necessary in the judgment of the veterinarian in charge. I consent to the release of medical information.

I assume financial responsibility for all charges incurred to the above described pet. I agree to pay, in full for services performed, including those deemed necessary for medical or surgical complications, of unforeseen circumstances. You are to use all reasonable precautions against injury, escape, or destruction of the above described pet, but you will not be held liable or responsible beyond such reasonable precautions for its care, treatment, or safekeeping.

**The estimate of charges for the presently planned procedure is only an approximation and the final bill may be greater or less than this amount. Payment is due in full upon discharge from the hospital or at the time services are performed. Initial \_\_\_\_\_**

**For Sedation/Anesthetic procedures I have been made aware that my pet should have been fasted from 10:00P.M. the night before. Initial \_\_\_\_\_**

It is thoroughly understood that I understand and assume all other risks. I have read the foregoing and agree.

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

\_\_\_\_\_  
Signature of owner or responsible agent

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Witnessed/hospitalized by

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone