WARWICK ANIMAL HOSPITAL, P.L.L.C.
SEDATION AUTHORIZATION

R.C. Hope, D.V.M., Krista Vega, D.V.M., Shelly Ashley, D.V.M,
Andy Cooper, D.V.M., Brett Boatsman, D.V.M.

Owner's Name: <contact> <client> Date_____
Case No: <number>
Street: <address>
City: <city>
Phone: <phone>

Pet's Name: <animal>
Breed: <breed>
Sex: <sex>
Age: <age>
Color: <color>

I, the undersigned, authorize the administration of anesthesia, by Warwick Animal Hospital, if it is necessary in order to Groom and/or Exam <animal>.

Before anesthetizing your pet, we will perform a complete physical examination. However, many disorders of the liver, kidney and blood are not detected unless blood testing is performed. It is recommended that a pre-anesthetic blood screen be performed as an added safety feature.

Please check one of the following:

_____ I authorize a complete blood work-up prior to anesthesia for a fee of $140.00.

_____ I authorize a minimal blood work-up prior to anesthesia for a fee of $110.00.

_____ I understand the recommendation of blood work and choose not to have it performed at this time.

Signed _____

Phone (Today)_____

CHECK IN BY_____