

Date: _____



Cypress Creek Animal Hospital Sedation Form

Name of Pet Owner: (Last) _____ (First) _____

Pet's Name: _____ **Canine / Feline / Other:** _____

Breed: _____ **Color:** _____ **Birthday / Age:** _____

I hereby authorize Cypress Creek Animal Hospital to perform the following procedure(s)

noted above and to administer such treatments and anesthetic procedures as they deem necessary for my pet. I have been advised and understand the nature of the procedure(s) as well as the risks involved. I authorize Cypress Creek Animal Hospital to provide any appropriate care should an unexpected complication arise. Furthermore, I agree that payment is due at the time of services rendered.

Owner Signature: _____

Primary Phone Number: _____

Secondary Phone Number: _____