



1710 Westover Dr. off US#1Tramway
Sanford, NC 27330
Phone 919-775-2258

Sedation Release Form

I hereby authorize Myres Animal Hospital to use sedation on my pet for the procedure(s) listed below. The nature of such service has been described to me to my satisfaction and I realize that no guarantee nor warranty can either ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of surgery or at the time the patient is released from the hospital. By signing below I am stating that I am the owner of this animal and/or have been given authorization by the owner to grant permission for the procedure to be performed.

PATIENT NAME _____

PROCEDURE(S) _____