



Anesthesia Authorization

As the undersigned owner or authorized agent for _____ (pet's name), I hereby authorize Veterinary Imaging Center of San Diego to administer anesthetics and to perform procedures deemed necessary. I certify that I understand why this procedure has been recommended or is necessary, it's advantages and any possible complications, as well as any alternative modes of treatment explained to me by the attending veterinarian &/or assistant. I also certify that no guarantee of assurances have been made as to the results that may be obtained. I realize that with any anesthetic or procedure death may result. I assume financial responsibility for all charges incurred by the patient for such anesthetic and/or other procedures.

I hereby certify that I have read and fully understand the above authorization to perform anesthesia for diagnostic procedures. I understand what Veterinary Imaging Center of San Diego plans to do and why. I understand that there are risks involved, including death. I understand my alternatives and their consequences. I agree to pay for any services provided.

Owner/Agent Signature _____ Date

Primary Phone: _____ Alternate Phone: _____