

**NORTHROCK HOSPITAL FOR ANIMALS**

DATE \_\_\_\_\_

OWNER \_\_\_\_\_

Michelle Rypma, DVM  
Chelsey Terry, DVM  
Libby Stricker, DVM  
Johna Unruh, DVM  
Bryan Weidler, DVM

PET \_\_\_\_\_

**Authorization For And Consent To Anesthesia And Surgery Or  
Diagnostic/Therapeutic Procedures**

I hereby authorize the following procedure(s) to be performed by the admitting veterinarian, or designated associates and assistants:

I, the undersigned, do hereby authorize the veterinarians of Northrock Hospital for Animals to administer anesthesia, perform surgery and/or medical procedures, and administer treatment as is necessary in their opinion on my pet. I realize that there are certain risks involved with anesthesia and procedures and if any unforeseen condition arises that was not recognized before which calls for treatment, I further authorize them to do whatever in their opinion is advisable and necessary. Initial \_\_\_\_\_

I understand, to minimize risks, pre-operative bloodwork will be performed prior to anesthetic procedures, if not current. An IV catheter will be placed to provide IV fluids, maintenance of blood pressure and rapid IV access if needed. Initial \_\_\_\_\_

I realize that I am financially responsible for any treatments or procedures done on my pet. Initial \_\_\_\_\_

I also realize that I am responsible for monitoring the suture line and that I am financially responsible if my pet chews out the sutures and/or induces an infection. I am aware that an "E-Collar" or surgery suit are available for purchase if needed. Initial \_\_\_\_\_

I have been informed as to and understand the nature and purpose of the procedure/treatment. The possibility of complications has been explained and is understood by me, and I acknowledge that no guarantee or assurance has been made as to the results obtained. In the event of any post-operative/post-procedural complications, I am financially responsible for any follow up treatment, medications, and care. Initial \_\_\_\_\_

**COMFORT CARE KIT**

My pet received the Comfort Care Kit for the procedure. ( ) YES ( ) NO (Check mark one)

**HOMEAGAIN –Pet Microchip Identification System**

Every year more than 20 million dogs and cats are put to sleep because humane shelters cannot identify them or their owner. A microchip is an unmistakable sign that the pet is not only loved, but very much wanted! While your pet is under anesthesia, we can microchip your pet for permanent identification. Payment and paperwork will be mailed from your veterinary clinic.

- ( ) YES. I would like a microchip implanted.  
Cost: \$58.32 –No Enrollment Fee (Limited time)
- ( ) NO. I do not want a microchip implanted.

Signature below constitutes your acknowledgement that you have read and agreed to the above. The procedures have been explained to your satisfaction and that you have all the information that you desire. You authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may be reached at: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_