

Northwood Vet Service LLC
310 County Rd A
Black River Falls, WI 54615
1-844-284-8387



Authorization for Anesthesia and/or Surgery

Client Name _____ Pet Name _____

Procedure to be performed _____ Date _____

I am the undersigned owner or agent of the pet identified above, certify that I am 18 years of age or older and authorize the above procedure to be performed. I understand that some risks always exist with anesthesia and or surgery and I am encouraged to discuss any concerns I have with the Veterinarian regarding these procedures. I understand that no guarantee or warranty has been made regarding the outcome of the discussed procedure. I understand that I am responsible for covering any cost associated with any unforeseen circumstances that may arise during the procedure. I understand that pain medication will be provided for all surgeries and an e-collar will be provided for all dogs and upon request for cats. Therefore, any unforeseen complications requiring medical attention after discharging the pet after surgery will be the responsibility of the owner.

It is my responsibility to ask any questions I have regarding the procedure to be performed.

I agree to pay for the procedure in full at the time my pet is discharged from the hospital.

By signing this form I am agreeing to above terms and conditions set forth above.

Signature _____ Date _____

Phone numbers at which the owner/agent can be reached _____