

ALL CREATURES VETERINARY HOSPITAL

Dr. Randy Oehmke, DVM
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AUTHORIZATION FOR MEDICAL/SURGICAL TREATMENT

I, the undersigned, do hereby authorize the Veterinarians of All Creatures Veterinary Hospital to administer anesthesia, perform surgery and/or medical procedures and administer treatment as is necessary in their option 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.

Any tissues or parts surgically removed may be disposed of by the hospital in accordance with accustomed practice.

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

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 or induces an infection. I am aware that an "e-collar" is available for purchase if needed.

I have been informed by Dr. _____ / _____ (Tech) 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 postoperative complications, I am financially responsible for any follow up treatment, medications, and care.

I certify that I have read and fully understand this consent.

Signed _____ Date _____

Witness _____