

Norman Animal Welfare Center

Surgery and Anesthesia Request and Consent Form

Owner: _____
Street: _____
Zip code: _____
Phone: _____
Email: _____

Pet's name: _____
Species/sex: _____
Breed: _____
Age: _____
Color: _____

Emergency contact information for microchip registration:

Name: _____
Phone: _____

Please initial: _____

I understand my pet will be treated for fleas and ticks if needed.

If my pet bites anyone, I understand my pet will need to be quarantined for 10 (ten) days.

If my pet isn't microchipped, I understand s/he will receive a microchip.

If I have not provided proof of vaccines, I understand vaccines will be provided.

IN CASE OF AN EMERGENCY

In case of an emergency I authorize the staff veterinarian and her agents or staff to follow through with such procedures as are necessary for the well being of my pet. There will be no additional charges for these services.

Please initial: _____

OR

I DECLINE any emergency treatment if complications develop during the procedure.

Please initial: _____

Do you have any concerns or does your pet have any health problems we need to know about?

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above and that I do hereby give the staff veterinarian, her agents, servants, and/or representatives full and complete authority to perform a spay or neuter and to perform any other procedure that, at her discretion, may be useful to promote the health of the described pet. I do hereby forever release the staff veterinarian, her agents, servants, or representative from any and all liability arising from said surgery on said animal.

Signed X _____ Date: _____

Phone number where I can be reached today: _____

STAFF

Notes:

Rabies:

FVRCP/DHPP:

Follow up:

Microchip: