Norman Animal Welfare Center
Surgery and Anesthesia Request and Consent Form

Owner: _____

Street: _____

City: Norman

Zip: _____

Phone: _____

Email: _____

Pet's name: _____

Species:

Breed: _____

Age: _____

Color: _____

Sex:

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 vaccinations, I understand vaccines will be provided.

IN CASE OF AN EMERGENCY:

I authorize the staff veterinarian, her agents or staff in an emergency situation to follow through with such procedures as are necessary for the well being of my pet.
Please initial: _____
OR
I DECLINE any emergency treatment if complications develop during the procedure.
Please inital: _____

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 above described pet. I do hereby forever release the staff veterinarian, her agents, servants, or representatives from any and all liability arising from said surgery on said animal.

Signed X_____ Date: _____

Phone number where I can be reached today: _____

STAFF: Rabies
FVRCP/DHPP
Microchip