



Surgery and Anesthesia Consent Form

Main Street Veterinary Hospital
1067 36th Avenue NW
Norman, OK 73072
(405) 329-6555

Animal's Name: _____ **Phone # we can reach you at today:** _____

Anesthetic and surgical procedure(s) to be performed: _____

Pain Management

Your pet will receive an injection before surgery to ease post-operative pain. However, additional pain management at home is recommended. Follow-up medications will reduce discomfort and promote a faster recovery.

- Yes, I would like additional pain medication to take home for my pet. (\$15.75)
 No, I would not like additional pain medication for my pet.
 Please apply a pain patch after my cat has been declawed. (\$44.10)

Pre-anesthetic bloodwork

Please be advised that anesthetic and surgical procedures are not without risk. To minimize these risks, a pre-surgical blood screen is recommended. These tests will assess liver and kidney function, and detect any signs of infection or blood clotting disorders, helping to determine which anesthetic protocol is best for your pet.

- Yes, I would like a pre-anesthetic blood screen for my pet. (\$49.40)
 No, I would not like a pre-anesthetic blood screen for my pet.

Microchip

I would like my pet to receive a microchip-Home Again ID while under anesthesia. (\$28.40)

- Yes
 No

If fleas are found on your pet, they will be treated with Capstar at an additional charge of \$7.30.

Current vaccinations are required for all animals undergoing surgery. If vaccine history is not provided, this animal will be vaccinated at the owner's expense.

Animals spayed while in heat or pregnant will be more expensive. An estimate is available upon request.

Authorizatton and Risk Assessment

I, being responsible for the above-described animal, have the authority to grant you my consent to treat and/or operate upon my pet. I understand reasonable precaution will be used against injury, escape, or death of this pet. I am aware that any problem that develops with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved

Owner/Responsible Party

Today's Date