



400 24th Ave NW, Norman, OK 73069
 (405) 321-3361 Fax (405) 321-3364
www.roserockvethospital.com
 "Loving Care for Your Pet"

Surgery/Anesthesia Consent and Release

Date	Last Name	Pet's Name	For Office Use Only				
			Client #	Patient #	Weight	Age	VA
For Office Use Only			Lab Last Done: _____ Lab Printed: Y N DL Scanned: Y N Ann Vx & Tests Current Y N Anesth. Time: _____ Proc. Time: _____				
Check for baby teeth. Present? Y N Check for hernia. Present? Y N Has your pet had any unusual behavior or symptoms in the past month? Y N If yes, list them here _____ Release Time _____							

As the owner, or owner's agent of the above animal, I hereby give my consent to the staff veterinarians at Rose Rock Veterinary Hospital & Pet Resort to anesthetize and perform the following procedure(s) on my animal:

- _____
- _____
- _____

I acknowledge that some risks always exist with anesthesia and surgery, and that I am encouraged to discuss any concerns I have about those risks with my veterinarian. While I expect Rose Rock Veterinary Hospital & Pet Resort to use reasonable care and judgment in performing the procedure(s), I understand that results cannot be guaranteed. I realize that unforeseen events may occur before, during, or after the procedure(s), and should some unexpected life saving emergency care be required, Rose Rock Veterinary Hospital & Pet Resort's staff has my permission to provide necessary treatment.

I agree to pay, in full, for services rendered, including any deemed necessary for medical or surgical complications. Such complications, including death, will not relieve me from any financial obligation regarding my animal. I am encouraged to discuss all fees attendant to the care of my animal before services are rendered, and to request a written estimate of involved fees if one has not been provided to me. Any verbal or written estimate of charges or fees for the above procedures is only a best approximation, and the final charges may be less than or greater than this amount.

I have read and agree to the above statements: Signature _____ **Date** _____

How would you like for us to notify you when your pet is in recovery? **Text Message / Email / Phone Call**

To Text/Call _____ **E-mail** _____

The veterinarian will call you after recovery to go over release instructions.

Best Phone Number Today 1) _____ **or 2)** _____

⇒ Your pet will be examined for external parasites upon admission. If fleas or ticks are present, an insecticidal treatment will be done at your expense.

Initial _____

⇒ Current rabies and distemper combination vaccinations and a heartworm test (K9) are required for all elective surgeries. **Initial** _____

Pre-Surgical Screening

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To avoid these problems, we require that all anesthetic procedures be screened prior to anesthesia by means of the following laboratory test.

- White Blood Cell Count
- Red Blood Cell Count
- Liver and Kidney Values

There are always risks when anesthesia is used, but Sevoflurane is available to lower the risk. Please ask for details.

⇒ I **ACCEPT** _____ **DECLINE** _____ Sevoflurane anesthesia.

Please answer the following questions:

- Yes No Did your pet eat this morning?
- Yes No Has your pet been given any medications within the last two weeks?
If yes, what? _____
- Yes No Has your pet been checked for internal parasites in the last 6 months?
- Yes No Has your pet been ill or not feeling well within the last two weeks?
If yes, explain. _____
- Yes No Has your pet ever had a seizure?
- Yes No Is your pet on anticonvulsant medications?
- Yes No Is your dog on heartworm preventative?
- Yes No Is your pet allergic to any medications?
If yes, what? _____
- Yes No Would you like an e-collar for your pet after his/her procedure?
- When was your pet last in heat (last day of heat cycle) or pregnant? _____
- If antibiotics are needed, do you prefer: liquid / tablets / injection (if avail.)? (Circle one)

Following Are Recommended Procedures:

- LASER**
Yes No Would you like the laser option to decrease pain and swelling post operatively?
- MICROCHIP**
Yes No Would you like to have your pet microchipped?
- DENTALS**
Yes No Would you like dental radiographs done?
- TUMOR REMOVALS**
Yes No Would you like histopathology to diagnose type?

Pain medication will be administered prior to your pet's procedure, and we recommend patients continue pain medication after the procedure.

Yes No Would you like oral pain management for your pet to continue at home?

Yes No Would you like your pet to receive an antiemetic injection to help with nausea and pain from being under anesthesia?