



# Surgical Consent Form

(For Spaying, Neutering, and Declawing)

**OWNER OF THE PET MUST BE THE ONE FILLING OUT PAPERWORK, IF THE NAME ON THE PAPERWORK DOES NOT MATCH THE ACCOUNT WE WILL NOT PROCEED WITH SURGERY.**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_ Dog: \_\_\_\_ Cat: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Breed/Color: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Emergencies Only Number: \_\_\_\_\_

**\*Please be sure to INITIAL to authorize the following procedure(s)**

Spay (females) \_\_\_\_\_ Neuter (males) \_\_\_\_\_ Front Declaw/**Exam mandatory prior** (cats) \_\_\_\_\_

I understand that anesthesia may be used and that with anesthesia there is always a risk, although minimal, of an allergic reaction or even death of the animal. A brief pre-surgical exam will be done on all animals prior to surgery to assess surgery risk. However, it is YOUR responsibility to notify us of any additional health concerns that you are aware of. Any animal found to be at risk for surgery will not be operated on until the owner has been notified of the concern. The nature of the surgery/ procedure has been explained to me satisfactorily. I assume all financial responsibility for all services rendered and payment will be expected at the time of the patient's release.

**Pre-Surgical Bloodwork (\$18):** This doctor recommended bloodwork is for all animals. It tests four levels in your pet's blood and will be done prior to sedation. It not only helps us better assess anesthesia risk, but will also help us monitor your pet's health while they are with us. This bloodwork evaluates: kidney function, red blood cell level, blood protein, and blood sugar levels. **Initial one or the other.**

*I want this bloodwork* \_\_\_\_\_

*I don't want this bloodwork* \_\_\_\_\_

**Dog Optional Items: Initial what you want done**

Rabies Vaccine (\$14) \_\_\_\_\_

Distemper Parvo Combo Vaccine (\$15) \_\_\_\_\_

Leptospirosis only (\$15) \_\_\_\_\_

Bordetella Vaccine (\$15) \_\_\_\_\_

Influenza Vaccine (\$28) \_\_\_\_\_

Microchip (\$35) \_\_\_\_\_

Heartworm Test/Flex 4 (\$30) \_\_\_\_\_

Nail Trim: FREE \_\_\_\_\_

**Cat Optional Items: Initial what you want done**

Rabies Vaccine (\$14) \_\_\_\_\_

Upper Respiratory Combo Vaccine (\$15) \_\_\_\_\_

Leukemia Vaccine (\$20) \_\_\_\_\_

FIV/Leukemia Test (\$36) \_\_\_\_\_

Microchip (\$35) \_\_\_\_\_

Nail Trim: FREE \_\_\_\_\_

***\*Please bring any medical records with you. All cats should be in carriers.***

**Signature of Owner/ Agent:**