

VALUE PRICED SPAY/NEUTER CONSENT FORM

Personal Information

Name _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Email Address _____
Drivers License # _____ How did you choose our practice? Google ___ Location ___ Friend/Other _____
Previous Veterinarian Information: Name _____ Phone _____

Pet's Information

Name _____ Breed _____ Date of Birth _____ Color _____ Sex: M F

OTHER SERVICES REQUESTED (Check Box)	
<input type="checkbox"/> Vaccinations	<input type="checkbox"/> Heartworm Test (dogs)
<input type="checkbox"/> Heartworm Prevention Injection (lasts 6 months; dogs)	<input type="checkbox"/> Intestinal Parasite Screen (Fecal)
<input type="checkbox"/> Microchip	<input type="checkbox"/> Flea/Tick Prevention

VACCINATION/PARASITES

For their safety, as well as that of the other patients, all animals admitted for surgery must have proof of current vaccinations (Rabies/DHP(dogs) or FVRCP(cats)/Bord) administered by a licensed veterinarian. Any animals whose vaccinations cannot be verified, will be vaccinated at the owner's expense. All animals admitted for surgery must be free of internal and external parasites. If examination reveals either internal or external parasites, the animal will be treated for such at the owner's expense.

MICROCHIP IDENTIFICATION

_____ (Initial) I would like my pet implanted with a microchip for identification purposes. The microchip is encoded with a unique ID number that is registered with a national database with the owner's contact information. If a pet runs away from home and is picked up by animal control or brought into a veterinary clinic, this microchip can be externally scanned and the owner can be contacted to return their pet.

PRE-SURGICAL BLOODWORK

Our greatest concern is the well being of your pet. Before undergoing anesthesia, your pet needs to have a blood profile done. This profile will maximize patient safety and alert the doctor to the presence of dehydration, liver or kidney problems, or other disease which could compromise anesthetic safety. This profile will also serve as a baseline for comparison with future testing should your pet become ill and need bloodwork performed at a later time. This blood profile can be done in the clinic the day of surgery before your animal undergoes anesthesia..

_____ Please complete the bloodwork prior to surgery on my pet.

_____ I have elected to refuse pre-anesthetic bloodwork at this time. Should complications arise, I assume full responsibility including financial responsibility for emergency care.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature: _____ Date: _____

Payment: Cash ___ Check ___ MasterCard ___ VISA ___