

SPAY/NEUTER SURGERY CONSENT FORM



Owner:
Case No:
Street:
City:
Phone:

Patient:
Species:
Sex:
Age:
Breed:

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give Carmel Valley Veterinary Hospital, their agents, servants, and/or representatives full and complete authority to perform the treatments and or surgical procedures described as:

Feline Spay

Feline Neuter

Canine Spay

Canine Neuter

I understand that during the performance of the foregoing procedures and/or operations, unforeseen conditions may be revealed that necessitate an extension or change in the procedures or treatments set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are considered therapeutically and/or diagnostically necessary in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics and other medications and understand that veterinary service is provided during the nighttime hours only as necessary in the judgement of the attending veterinarian.

I have been advised as to the nature of the procedures or operations and the inherent risks involved. I realize that results cannot be guaranteed and complications can occur even under the best of conditions.

I have read and understand this authorization and consent.

*Pain medication will be dispensed in all cases where deemed necessary by the doctor at a cost of \$12.50- 25.00.
 To decline pain medication please initial here*

PAYMENT IS DUE UPON RELEASE

Signature of Owner/Agent: _____

Emergency Phone # _____

Optional Procedures Consent

Please read carefully

Your pet is being admitted for anesthesia/surgery. The health and safety of your pet is our foremost concern- we will perform a complete physical exam prior to administering anesthesia. We also strongly recommend the following optional procedures

- 1) For all dogs and cats- to improve anesthetic safety we recommend a pre-anesthetic blood profile- these tests will help to insure that your pet is in a low risk category during anesthesia by ruling out pre-existing internal problems (i.e., liver or kidney) or anemia that may not be evident on physical exam. Depending on the results of these tests, we may adjust the dose or types of anesthetic used or advise delaying anesthesia until the problem is investigated further.
- 2) For Dogs- a heartworm test if your dog is not currently on prevention
- 3) For Cats- a Feline AIDS/Feline Leukemia test if your cat goes outside unsupervised

Please indicate if you wish these tests to be performed by initialing below.

<input type="checkbox"/> Pre-anesthetic blood profile	\$55.00
<input type="checkbox"/> FIV/Leukemia Test (Cats only)	\$31.00
<input type="checkbox"/> Heartworm Test (Dogs only)	\$25.80

While your pet is under anesthesia, would you like any of the following services to be performed?

<input type="checkbox"/> Nail trim \$9.50	<input type="checkbox"/> Minor Ear cleaning \$18.70
<input type="checkbox"/> Dental cleaning \$98.00	<input type="checkbox"/> Bathing/Comb out mats \$26-36.00
<input type="checkbox"/> Anal Gland expression \$19.00	<input type="checkbox"/> Flea/Tick treatment \$16.50
Vaccinations:	<input type="checkbox"/> ID microchip \$41.00
Other:	