

Friendly Animal Hospital

Spay/Neuter Surgery Consent Form

Client Name: _____

Contact Number: _____

Is your pet a stray? (Please circle)

Pet Name: _____

Pet Sex: _____

Yes No

Weight: _____

Pet Breed: _____

Pet Species: _____

Surgery	Price	Recommended Services	Price	Add. Recommended Services	Price	
1. a. Pre-surgical Exam b. Anesthesia c. Surgery	\$ _____	1. Pre-Anesthetic Blood Work (Chemistry)	<input type="checkbox"/> \$100	1. Complete Blood Work (CBC/Chem/UA)	<input type="checkbox"/> \$160	
2. a. Pain Injection b. Antibiotic Injection		2. Coag(Bleeding Times)	<input type="checkbox"/> \$60	2. X-rays 2 views (chest and/or abdomen)	<input type="checkbox"/> \$104	
<u>PLEASE INITIAL FOR MANDATORY ADDITIONAL CHARGES:</u> 1. In-heat \$50 *Antibiotic Required <input type="checkbox"/>	<input type="checkbox"/>	3. IV Fluids-support anesthesia	<input type="checkbox"/> \$40	OR	3. X-rays 3 views (chest and/or abdomen)	<input type="checkbox"/> \$140
		4. Pain Medication	<input type="checkbox"/> \$20	4. <u>Dental Add On</u> \$100-\$150	<input type="checkbox"/> \$ _____	
		5. Antibiotics	<input type="checkbox"/> \$30	** Extractions approved up to:	<input type="checkbox"/> \$ _____	
		6. **E-Collar	<input type="checkbox"/> \$20	<input type="checkbox"/> Call <input type="checkbox"/> Do not call		
		7. Microchip	<input type="checkbox"/> \$45	5. Dental X-rays: Full Mouth <input type="checkbox"/> \$100 __ Quadrants (\$25 each Quad) <input type="checkbox"/> \$ _____		
2. Pregnant \$50-\$100 * Antibiotics Required <input type="checkbox"/>	<input type="checkbox"/>	8. Therapeutic Laser Post-op	<input type="checkbox"/> \$15	6. Dewclaw Removal \$50-\$75 each. *Antibiotics Required	<input type="checkbox"/> \$ _____	
3. Cryptorchid \$50-\$250 * Antibiotics Required <input type="checkbox"/>	<input type="checkbox"/>	9. Requested Vaccine(s)	<input type="checkbox"/> \$ _____			
Prices vary by procedure	\$ _____	Total	\$ _____	Total	\$ _____	

******Please note that In-Heat and Pregnancy cannot be confirmed until pet is under anesthesia and surgery is in process, therefore surgery cannot be stopped and charges will apply.******

Owner Initial _____ Tech/Recept. Initial _____

Additional Information:

I am the owner/authorized caregiver of this pet and am at least 18 years of age. I authorize the doctor and his staff to perform an exam, use anesthesia and perform surgery on my pet. Before services are rendered, I have the right to decline any treatment or diagnostics recommended by the attending veterinarian.

I understand that sedation and/or anesthesia poses a risk to my pet, regardless of health status, and that Pre-anesthetic blood work, x-rays and IV fluids are highly recommended by Friendly Animal Hospital (*especially, if your pet is a stray because their health status is unknown. Without blood-work, x-rays, IV fluids, etc., the outcome is unpredictable*). If I decline these procedures the risks of anesthesia complications are higher.

In the event of unforeseen complications; (if applicable additional treatment will be at an additional expense)

____ I give my permission for the veterinarian and staff to take reasonable measures to treat my pet resulting from any unforeseen events.

____ I DO NOT give permission for the veterinarian and staff to take reasonable measures to treat my pet resulting from any unforeseen events.

** By waiving the option of obtaining an E- Collar, Friendly Animal Hospital is not responsible for any medical conditions that may occur after release of my pet due to licking or scratching of any incisions.

** We do not provide 24-hr care, therefore we do not have staff available after operating hours (we are open Mon-Sat 7am-9pm). After hours or emergency, please contact VCA All-Care at (714) 963-0909.

I fully understand that payment is to be expected at time of services, before your pet is released.

Client signature _____

Date _____