

Surgery Consent Form

Account #: _____

Pet's Name: _____ Age: _____

Dog Cat? Breed: _____ Sex: _____ Color: _____

(For Clinic Use Only) Weight: _____ . _____

Date: _____ Owner's Name: _____ Number you can be reached today? _____

Address: _____ City, Zip: _____ Phone: _____

Email Address: _____ Regular Veterinarian's Name: _____

Where did you get your pet? _____ How long ago? _____ Date of your pet's Vaccination: _____

Your pet's, medical history; please read and INITIAL each question below...

1. What time did your pet last eat/drink? _____ am/pm

2. Has your dog been Heartworm Tested or cat Feline Leukemia tested? _____ YES _____ NO
 When? _____ Results? _____

3. Is your pet on heartworm prevention? _____ YES _____ NO
 If yes, what? _____
 Last dose? _____

4. Has your pet ever had ANY surgery in the past? _____ YES _____ NO
 If yes, what kind? _____

5. Has your pet ever had an allergic reaction to a vaccination or medication? _____ YES _____ NO
 (What medication or vaccine?) _____

6. Has your pet had any injury in the past? _____ YES _____ NO
 (Hit by car, fractured limb, snake bite, etc) _____
 Explain _____

7. Has your pet ever had a seizure? _____ YES _____ NO

8. Has your pet ever been rejected for surgery in the past? _____ YES _____ NO
 When & Reason _____

9. Is your pet currently taking any medications? _____ YES _____ NO
 (Aspirin, allergy meds, etc) _____
 What medication? _____

10. What illness has your pet had in the past 2 weeks? _____

(please check all that apply): " Coughing " Sneezing
 " Vomiting " Diarrhea " Weight loss " Loss of
 appetite " None " other explain, _____

11. Has your pet ever been diagnosed with any skin condition? _____ YES _____ NO
 If yes, what? _____

12. Is your pet on any flea control? _____ YES _____ NO
 What? _____ Last dose? _____

13. Is there anything that we should know about your pet's medical history? _____

14. Where does your pet live? " Inside " Outside

15. FEMALES ONLY: Last heat cycle? _____
 # of litters _____ Date of last litter: _____
 Pregnant now? _____ YES _____ NO

I want to help support the SPCA of Texas!

_____ YES _____ NO Please add \$ _____ to my bill.

Pre-anesthetic blood work is mandatory for any animal five years or older; and highly recommended for all animals regardless of their age. There is always a risk with anesthesia, but this procedure may give us an indication of any underlying, unknown conditions. The cost to have this blood work performed is \$60.

YES, I want my pet to have pre-anesthetic blood work. NO, I do not want my pet to have pre-anesthetic blood work.

Important! Please read, initial and sign...

Notice of Additional Fees:

_____ Fleas, I understand that if fleas are noticed on my pet anytime before surgery he/she will be given Capstar® at a cost of \$5.70. (Capstar® is a temporary flea control tablet, that should not replace a monthly flea treatment).

_____ Boarding: I will pay a charge of \$40.00 per night if my animal is not picked up on the day designated. I acknowledge that any animal that is left overnight will NOT be attended to or cared for overnight. I also understand that any pet left for 72 hours or more will be considered abandoned and given to the proper authorities.

_____ Additional Surgery Fees: I understand that if my pet is deemed to be in heat, pregnant or a cryptorchid there will be an additional fees ranging from \$22 to \$60.

_____ I understand that incase of a post-op emergency or complication, or if my pet damages or removes the surgical sutures, it will be my responsibility to take my pet back to the SPCA of Texas during normal business hours or to my private veterinarian if after hours. I will assume responsibility of all charges incurred.

I hereby authorize the surgical sterilization of the aforementioned animal.

To my knowledge the above animal is in good health. I acknowledge the fact that all pre- and post-operative care is my responsibility. I am the owner of the above animal or am responsible for it and have the authority to execute this consent. I hereby also authorize the use of such anesthetics as you deem advisable and the performance of such surgical or therapeutic procedures as you determine necessary. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) are initiated. My signature on this form indicates that I understand additional charges may apply and any questions I have regarding these issues have been answered to my satisfaction. I agree to indemnify and hold harmless the SPCA of Texas and the attending veterinarians from and against any and all liability arising out of the performance of all procedures referred to above. The SPCA Spay/Neuter & Wellness Clinic is a low-cost service center. The clinic supplies low-cost services to those qualified for assistance programs. By signing this document I verify that I am indigent and lack sufficient means to provide medical care for my pet.

Pet Owners Signature: _____ Date: _____

Required Vaccines

Required for pets undergoing surgery:

Dogs: (Initial all that are needed)

_____ Rabies \$10

_____ DHPP+C \$12

Cats: (Initial all that are needed)

_____ Rabies \$10

_____ FVRCP \$12

Services for all Pets:

Highly recommended items:
 (Initial all that are needed)

_____ Fecal Test \$18

_____ Tapeworm Treatment \$15 - 25

_____ E-collar \$7.00

_____ Clean Ears \$10 (while sedated)

_____ Flea/Tick Preventative \$13.75 - \$17.25

_____ Heartworm Preventative \$4.75-\$15.00

_____ Nail trim \$5

_____ Retained baby teeth removal \$12 per tooth

_____ Hernia repair \$ _____

_____ Sub-Q Fluids \$20-25

_____ Microchip \$20 **Today only!**

Dog Owners



We recommend your dogs be tested for heartworms prior to surgery.

(Initial all that are needed)

_____ Bordetella \$15

_____ Heartworm Test \$25 - \$35

Cat Owners



We recommend that your cats be tested for FeLV/FIV prior to surgery.

(Initial all that are needed)

_____ FeLV/FIV Test \$35

_____ Feline Leukemia Vaccine \$15

_____ Ear mite Treatment & cleaning \$25

City/Group Information

MAC 117507

City of Dallas 117508

Mesquite 117522

Tri-Cities(Cedar Hill) 117511

Irving 117518

Prairie Paws (G.P.) 117509

Mansfield 117520

Feral Friends 10784

Carrollton 117513

Other _____