

# Surgical Consent Form

## Owner Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Pet Information:

Name: \_\_\_\_\_ Dog  Cat  Other   
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_ Male  Female  Is your pet altered? Yes  No

1. What illness or serious injury has your pet had in the past? \_\_\_\_\_  
Yes  No
2. Has your pet ever had a seizure (epileptic fit)? Yes  No
3. Has your pet ever has an allergic reaction to an insect bite, vaccine, or medication? Yes  No
4. Is your pet currently taking any medications? Yes  No
5. What time did your pet last eat? \_\_\_\_\_
6. Date of your pet's last vaccination \_\_\_\_\_

**Please initial any of the following procedures you would like to have done for your pet today:**

### Dogs

#### Vaccines (\$15 each)

Rabies \_\_\_\_\_ DAPP \_\_\_\_\_ Bordetella \_\_\_\_\_

Heartworm test (\$25) \_\_\_\_\_

Deworm (\$10-\$15) \_\_\_\_\_

Heartgard (6 month supply \$30-\$45) \_\_\_\_\_

Nail trim (\$10) \_\_\_\_\_

Microchip (\$30) \_\_\_\_\_

Anal Glands (\$15): \_\_\_\_\_

### Cats

Rabies \_\_\_\_\_ PRCC \_\_\_\_\_ FELV \_\_\_\_\_

FeLV test (\$35) \_\_\_\_\_

Felv/FIV test (\$50) \_\_\_\_\_

Earmite Treatment (\$20) \_\_\_\_\_

Nail Trim (\$10) \_\_\_\_\_

Microchip (\$30) \_\_\_\_\_

7. We believe that pets experience pain the same way that we do. Would you like post-operative pain medication for you pet?  
**(Additional Cost: Cats \$20, Dogs \$10-\$15)** Yes  No

8. How did you hear about us? \_\_\_\_\_

As the owner of the above animal or the agent of the owner of the above animal, I hereby give my consent to the following surgical procedure(s): **SPAY NEUTER DENTAL OTHER:** \_\_\_\_\_

I understand that risks always exist with anesthesia and/or surgery, and that I am encouraged to discuss any questions or concerns that I may have with the veterinarian before the procedures are performed. Unforeseen conditions may necessitate an extension or variance in the procedures listed above, and I expect the veterinarian at Eastside Pet Clinic to use reasonable care and judgment while performing the above procedures. I understand that results cannot be guaranteed, and I understand that all pre-operative and post-operative care of my pet is my responsibility. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal. I also understand that the staff of Eastside Pet Clinic will not attend hospitalized animals after regular business hours.

Owner/Agent

Date

**\*\*\*If your pet has fleas, ticks or ear mites, there will be a fee for treatment\*\*\***

**For payment of services, we accept VISA, MASTERCARD, DEBIT, CareCredit, CASH**