

Surgical Consent Form

Owner Information:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Work: _____ Cell: _____

Pet Information:

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

1. What illness or serious injury has your pet had in the past? _____
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 List medications: _____
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

Cats

\$20 Rabies _____	\$30 DAPP-L _____	\$25 Bordetella _____	\$20 Rabies _____	\$20 PRC _____	\$25 FELV _____
4DX Antigen test (\$40) _____			FeLV/FIV test (\$50) _____		
Nail Trim (\$10) _____			Microchip (\$35) _____		
Microchip (\$35) _____			E-Collar (\$12) _____		
E-Collar (\$12) _____			Nail Trim (\$10) _____		

Would you like post-operative pain medication for your animal? Yes No
Cost for post-op pain medication \$15-\$20

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:** _____

Any animal 5 years or older, and any animal presenting for a procedure other than spaying or neutering must have mandatory blood work done. This price was included in the estimate provided.

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

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