

# 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

\$20 Rabies \_\_\_\_\_ \$25 DAPP \_\_\_\_\_ \$25 Bordetella \_\_\_\_\_  
4DX Antigen test (\$40) \_\_\_\_\_  
Nail Trim (\$10) \_\_\_\_\_  
Microchip (\$35) \_\_\_\_\_  
E-Collar \_\_\_\_\_

### Cats

\$20 Rabies \_\_\_\_\_ \$20 PRC \_\_\_\_\_ \$35 FELV \_\_\_\_\_  
FeLV/FIV test (\$50) \_\_\_\_\_  
Microchip (\$35) \_\_\_\_\_  
E-Collar \_\_\_\_\_  
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.

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Owner/Agent

Date

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