



SPAY/NEUTER CONSENT

Patient Name: _____ Client Name: _____

Your pet is scheduled for anesthesia and surgery today. There are a variety of other services that we can provide for your pet while they are in our care. Please initial any additional services that you would like performed.

_____ Pre-Surgical Blood Screen (\$56): We recommend that this blood test be performed prior to anesthesia. This is done to rule out possible anesthetic complications due to diabetes, liver or kidney problems, or dehydration. If your pet is under 6 years of age, you may elect whether or not he/she has the blood screen.

_____ Micro-Chipping (\$53): This is a great time to microchip your pet! Microchips provide permanent identification in the event your pet is ever lost. We offer free lifetime registration with the purchase of a microchip.

_____ E-Collar (\$15 - \$20): We recommend the purchase of an e-collar to use post-surgically. This is to prevent your pet from licking the surgical site. You may also purchase an e-collar elsewhere, such as your local pet supply store.

_____ Pain Medications (\$8 - \$30): We recommend the use of prescription oral pain medications in the days following your pet's procedure (do not give your pet aspirin or other over-the-counter pain medications).

_____ Nail Trim (complimentary with surgical procedure)

Are there any other concerns with your pet that you would like addressed today?

Please provide the date and time your pet last ate and drank water: _____

Contact Name: _____ Phone Number: _____

I am the owner/agent for described animal and I authorize and request the services listed on this form and discussed above. I understand, and accept that when anesthesia is involved, there are always inherent risks. Concord Pike Veterinary Hospital is to use all reasonable precautions against injury or death of my pet, but will not be held liable or responsible in any connection therewith as it is understood that I assume all risks. I understand that if my pet is found to have fleas or ticks, he/she will be treated and I will be responsible for the cost.

X

Owner/Authorized Representative & Date