

Calvert Well Pet Clinic
Surgical Consent Form
FELINE

3% FEE ADDED TO
CREDIT CARD PAYMENTS

Client's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Client's Home #: _____ Contact Phone #: _____
Email: _____

Pet's Name: _____ Sex: Female Male
Breed: _____ Color: _____ Birthday: _____ Weight: _____

WHICH OF THE FOLLOWING DOES YOUR PET NEED?

{ } SPAY { } NEUTER
VACCINES: { } FELV/FIV TEST ____/____
{ } RABIES (required)
{ } DISTEMPER (FVRCP) (required) { } FECAL _____ { } DEWORMER _____
{ } LEUKEMIA { } EAR TIP: initials: _____

PERMANENT IDENTIFICATION:
{ } MICROCHIP { } ROUTINE DENTAL CLEANING \$110.00

{ } HEARTWORM PREVENTATIVE: { } ADVANTAGE- MULTI
{ } FLEA CONTROL: { } ADVANTAGE FLEA/TICK CONTROL: { } FRONTLINE

{ } E-COLLAR: { } ELIZABETHAN { } FLEXY
{ } TAKE HOME PAIN MEDICATION

THE FOLLOWING WAS FOUND DURING YOUR PET'S CHECK-IN EXAM AND CAN BE CORRECTED FOR AN ADDITIONAL CHARGE:

{ } Hernia - \$20 to \$75 Initials: _____
{ } Deciduous Teeth - Extraction is \$15 per tooth Initials: _____
{ } In Heat - \$10 to \$20 Initials: _____
{ } Pregnant - \$20 to \$60 Initials: _____

CONSENT AND RELEASE

I hereby consent, authorize the Veterinarian on duty, and designated assistants to prescribe for and administer treatment as is considered therapeutically or diagnostically necessary. I also consent to the administration of anesthetics and surgical procedures requested or as deemed necessary by the attending veterinarian.

Pets infested with fleas, ticks or worms will be treated with prevention at owner's expense. I hereby certify that I have read and fully understand the above authorization for medical and or surgical treatment, the reasons why surgery is necessary, its advantages and possible complications, as well as possible alternative modes of treatment. The veterinarian will use reasonable precautions for the well-being of this animal but will not be held liable for conditions beyond her control.

All charges are due and payable upon patient's release. Pick up after 5:01pm subject to late fee of \$5 every 15 minutes.

Signed: _____
Owner/Agent

Date: _____