

All charges are due and payable upon patient's release.

**CALVERT WELL PET CLINIC
FELINE SURGICAL CONSENT FORM**

**WE TAKE CASH OR CREDIT
CARD ONLY**

**3% FEE ADDED TO
CREDIT CARD PAYMENTS**

Client's(Owner)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 { } EAR TIP: initials: _____

Your cat will receive a small green tattoo next to his/her incision to show that he/she is sterilized.

VACCINES:

{ } RABIES (required)
{ } DISTEMPER (FVRCP) (required) { } FECAL TO IDEXX { } DEWORMER _____
{ } OTHER VACCINE: () Feline Leukemia

{ } FELV/FIV/HW TEST ____/____/____

{ } MICROCHIP FLEA/TICK/HW PREVENTATIVE: _____

{ } E-COLLAR

WE WILL CALL YOU IF THERE ARE ANY ADDITIONAL CHARGES

CONSENT AND RELEASE: MUST BE SIGNED BY OWNER BEFORE SURGERY IS PERFORMED

I understand that dogs and cats 3 months and older are required by law to have an up to date Rabies vaccine. If I cannot show proof of an up to date vaccine my pet will receive one today. I understand that additional charges may apply if my pet is overweight, pregnant, in recent or active heat, or Cryptorchid (one or both testicles are not in the scrotum). I understand that reasonable precautions against injury, escape, or death will be taken. I understand anesthesia, surgery, medications and vaccinations involve some risk to my pet. It is understood that Calvert Well Pet Clinic and its staff will not be held liable or responsible in any manner for the risks listed above, and I assume all risks as the pet owner.

Signed: _____ Date: _____
Owner/Agent