

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

3% FEE ADDED TO CREDIT CARD PAYMENTS

Calvert Well Pet Clinic
CANINE

Surgical Consent Form

Client's(Owner)Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Client's Home #: _____ Contact Phone #: _____

Email address: _____

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

WHICH OF THE FOLLOWING DOES YOUR PET NEED?

{ } SPAY { } NEUTER

*POST OPERATIVE PAIN MEDICATION: (REQUIRED) Vital for a more comfortable post-operative recovery. "An injection of analgesic medication will be administered pre-surgery to lessen post operative discomfort at no charge. Take home pain meds, enough for 3 days, are now included in the spay/neuter cost. CLIENTS INITIALS: _____

VACCINES: { } HEARTWORM 4DX TEST ____/____/____/____

{ } RABIES (required)

{ } DISTEMPER (DHLPP) (required) { } FECAL _____ { } DEWORMER _____

{ } DISTEMPER W/O LEPTO { } INFLUENZA

{ } LYME

BORDETELLA: { } INTRANASAL { } INJECTABLE

PERMANENT IDENTIFICATION:

{ } MICROCHIP(PERMANENT ID)

E-COLLAR:

{ } ELIZABETHAN { } FLEXY { } CERVICAL

{ } ROUTINE DENTAL CLEANING \$120

PREVENTATIVE MEDICATIONS:

HEARTWORM PREVENTATIVE: { } HEARTGARD

FLEA/TICK CONTROL: { } FRONTLINE

{ } NEXGARD

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

{ } Hernia - \$25 to \$150 Initials: _____

{ } Deciduous Teeth - Extraction is \$15 per tooth Initials: _____

{ } In Heat/Pregnant- \$25 to \$150 Initials: _____

{ } Retained Testicle - \$25 to \$350 (cryptorchid) Initials: _____

{ } Dewclaw Removal(no bone)- PER DEWCLAW \$25 to \$50 Initials: _____

CONSENT AND RELEASE

I understand that dogs 4 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 CWPC strongly recommends the purchase of an E-collar to prevent post surgical complications. If I decline an E-collar and my dog comes back for a recheck due to licking of the incision I will be charged a recheck fee of \$35, not including any antibiotics or other medication my dog may need. Your dog will receive a small tattoo on his/her underside to show that he/she is sterilized. 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.

Pets infested with fleas, ticks or worms will be treated with prevention at owners expense.

Signed: _____
Owner/Agent

Date: _____