

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

**WE TAKE CASH OR CREDIT CARD ONLY**

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

**3% FEE ADDED TO CREDIT CARD**

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

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

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.

**VACCINES:**

{ } RABIES (required)  
{ } DISTEMPER (DHLPP) (required) { } FECAL TO IDEXX { } DEWORMER \_\_\_\_\_  
{ } DISTEMPER W/O LEPTO  
{ } OTHER VACCINE: \_\_\_\_\_

{ } HEARTWORM 4DX \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

{ } MICROCHIP HEARTWORM PREVENTATIVE: \_\_\_\_\_  
FLEA/TICK CONTROL: \_\_\_\_\_

**E-COLLAR: { } YES { } NO**

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, not including any antibiotics or other medication my dog may need.

**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 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: \_\_\_\_\_

Owner/Agent

Date: \_\_\_\_\_