

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

**Calvert Well Pet Clinic
Surgical Consent Form
FELINE**

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
- VACCINES: FELV/FIV TEST ____/____
- RABIES (required)
- DISTEMPER (FVRCP) (required) FECAL _____ DEWORMER _____
- LEUKEMIA EAR TIP: initials: _____
- PERMANENT IDENTIFICATION: ROUTINE DENTAL CLEANING \$110.00
- MICROCHIP
- 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 understand that dogs and cats 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. Your animal 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 owner's expense.

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Signed: _____ Date: _____

Owner/Agent

Form of Payment. Cash _____ Check _____ Credit/Debit Card _____ Grant _____