



## Surgical Consent Form

Owner's First Name: \_\_\_\_\_ Owner's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Color: \_\_\_\_\_ Weight (nothing over 80lbs.) \_\_\_\_\_

**\*Please check the boxes to the left of each service to indicate your choices\***

	<i>Surgical Services</i>	<i>Add On Services</i>	<i>Add On Services</i>	<i>Add on Services</i>
	Rescue/Shelter TNR Package –\$75	Cat Flea Treatment \$10	Dog Flea Treatment Up to 50lbs \$15	Dog Flea Treatment Over 50lbs \$20
	Spay Female Dog \$180	Dog De-worming \$30	Rabies Vaccine \$21	Hernia Repair \$60
	Spay Female Cat \$75	Cat De-worming \$12	Bordatella Vaccine \$21	Microchip w/ reg \$50
	Neuter Male Dog \$160	Nail Trim \$10	Feline Distemper \$21	Anal Gland Exp. \$20
	Neuter Male Cat \$65	Ear Cleaning \$10	Canine distemper \$21	Ear Tip \$0
		Revolution for cats \$22	FIV/FelV Testing (cats) \$30	

**\*There are additional fees for unknown pregnant animals – dogs are an additional \$50 and cats are an additional \$25\***

Total Amount Due: \_\_\_\_\_

Paid by: \_\_\_Cash \_\_\_CC \_\_\_PayPal \_\_\_Check (check no.) \_\_\_\_\_

- **I authorize the HSWC Spay-Neuter Clinic veterinary staff to perform medical procedure(s) and/or treatment(s) on my pet.** I acknowledge and understand that there are significant risks and possible complications associated with surgery and anesthesia, which could result in injury to my pet, including the possibility of death. I indicate with my signature, my consent to the procedures, medications and anesthesia deemed necessary by the veterinarian. Furthermore, I indicate with my signature that I understand the risks, and that results and outcomes of surgery cannot be guaranteed, and that my questions about the procedure(s) have been answered to my satisfaction.
- **I am aware that the HSWC Spay-Neuter Clinic is not staffed overnight or weekends.** Animals needing extra care following surgery should be transported to the nearest Emergency Vet's office, at the owner's expense.
- **I certify that my pet has not had access to food of any kind, beginning at 10pm** the evening before surgery. Failure to disclose food intake may result in significant complications during surgery.
- **I release the HSWC Spay-Neuter Clinic from any and all claims arising from or connected with the performance of veterinary procedures on my animal.** I agree that I have not or will not claim any right of compensation from the HSWC Spay-Neuter Clinic, or file action due to such procedures, the use of anesthesia or any consequences related thereto. The HSWC Spay-Neuter Clinic shall not be liable for any injury or damage to any animal for any disease, accident, injury, illness or death from any cause whatsoever. I release the HSWC Spay-Neuter Clinic from any claims arising from or connected with giving vaccines. I understand that my animal will be exposed to other animals while visiting the clinic, and I will not hold HSWC Spay-Neuter Clinic responsible for exposure to any viruses, bacteria, fungus, or other illnesses or diseases to which they may be exposed while inside the clinic.
- **I understand that I will be provided an e-collar for my dog(s) to prevent irritation to the incision.**
- **I understand that my pet's photos may be used on social media for clinic marketing purposes.**
- **I understand that my pet will be given a flea treatment should there be live fleas at the time of surgery and I agree to pay an additional \$10 at the time of pickup for that flea treatment.**
- **I agree to pay an additional \$10 fee for an e-collar should the veterinarian deem it necessary to prevent irritation to the incision for my cat(s).**
- **I agree to pay the additional fees at the time of pickup if the animal is in fact pregnant at the time of surgery.**

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