

Summers Ridge Veterinary Clinic

Owner's Name: _____

Patient's Name: _____

Phone Number : _____

Canine Spay Consent Form

I, the owner/agent of the above mentioned pet, hereby authorize the veterinarians and staff of Summers Ridge Vet Clinic to perform the following procedures:

1.) _____

2.) _____

3.) _____

Has your pet been in heat recently? Yes ___ No ___ If your pet is found in heat at the time of surgery, there will be a \$29 charge to you for increased surgery time.

Could your pet be pregnant? Yes ___ No ___
If your pet is found to be pregnant during spay surgery, we have two options:

___ Continue with surgery- Additional \$45 to spay a pregnant animal.

___ Stop surgery and let pet continue with pregnancy- you will be charged for anesthetic and surgery time.

Is your pet currently on a flea preventative? ___ Yes ___ No Product _____ Last applied _____

Yes ___ No ___
___ Apply Frontline Plus

Yes ___ No ___
___ Pre Surgical Blood Screening

___ Radio Wave Surgery

___ Vaccinations _____

___ Heartworm Test/4DX _____

___ Microchip Implant

Yes ___ No ___
___ De-worming

___ Fecal Exam

___ Retained Baby Tooth Extraction

___ Nail Trim (No charge)

___ Other requests: _____

If we find any abnormalities during examination before surgery, we will attempt to reach you by phone.

I understand that Rabies vaccine must be current and flea preventative is required.

I authorize the staff of Summers Ridge Vet Clinic to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies related to this care. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction, and cannot be held responsible for any unforeseeable results. I accept the conditions of treatment that this veterinary practice has explained to me and will provide for my pet.

I agree to pay for all services rendered at the time of my pets discharge.

Should the account be referred to an attorney or collection agency for collection, the undersigned agrees to pay all attorney's fees, court costs and collection expenses. All delinquent accounts shall accrue interest at the rate of 1.5% per month.

By signing below, I agree to the terms listed above.

Signature of Owner or Agent

Date

Misc notes:

office use only

staff initial: _____

Pick up time: _____

Weight: _____