



Owner's Name: _____

Patient's Name: _____

Phone Number : _____

Feline 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 Revolution

Yes No Yes No
___ Pre Surgical Blood Screening ___ Felv/FIV test
___ Radio Wave Surgery ___ Fecal Exam
___ Vaccinations _____ ___ Microchip Implant
___ Retained Baby Tooth Extraction ___ Nail Trim (No charge)
___ Deworm

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 procdures 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.
If this bill is not paid as agreed, I agree to pay all expenses incurred by Summers Ridge Veterinary Clinic. This may include interest, collection agency fees, all court costs, attorney fees, and any other expenses incurred.
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: _____