



Owner's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Phone Number : \_\_\_\_\_

### Feline Neuter 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.) \_\_\_\_\_

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
_____	_____	Dewormer	_____	_____	Nail Trim (No charge)
_____	_____	Retained Baby Tooth Extraction			
_____ 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.**

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: \_\_\_\_\_