



- I, the owner, or agent for the owner, of the above-described animal and have hereby consented to and authorized the sterilization, tattoo identification, Nail trim, and provision of other routine veterinary services of the animal described in this application. _____
- I understand that modern techniques and trained staff will be used to care for all animals and reasonable precautions will be used against injury, escape, or death of the animal within the financial limits of a low-cost clinic. _____
- I understand that surgery should be performed only after appropriate health screening by a licensed veterinarian, including heartworm and fecal parasite exam and that is not provided by All the Fixins. _____
- I understand that the attending veterinarian, All the Fixins, their staff, volunteers and agents will not be held liable or responsible in any manner, and that I assume all risks associated with this clinic and surgical procedure. I further understand that once my companion animal leaves the clinic building, I am fully responsible for all care and veterinary expenses. _____
- I understand that during the performance of the surgical procedure, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures or different procedures than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures, as are necessary _____
- I understand that any surgical procedure carries some risk and postoperative complications are possible, including, but not limited to infection, wound dehiscence, adhesions, and other unforeseen conditions, including death. I understand that these risks are greater without adequate pre-surgery screening. _____
- I authorize the use of appropriate anesthetics and other medications as deemed necessary by the attending veterinarian. I have been advised as to the nature of the procedures and the risks involved which can include death.. _____
- I understand that if my dog or cat is pregnant and not in active labor, by signing this document I am authorizing the termination of said pregnancy. I also understand that I will be notified of the terminated pregnancy at the time of discharge and the extra cost associated with it. _____
- I understand that if I do not have proof of rabies and they are 12 weeks or older, (as required by law) one will be given at a charge of **\$30.00**. _____
- I understand that if my animal has an active flea infestation, a Capstar will be given at a charge of **\$15.00** to prevent transfer to other animals _____
- **I understand that should I not pick up my animal during the designated pickup period, I will be charged a late fee of \$25.00 per 30 minutes for the first two hours.** If I have not picked up my animal within two hours of the designated time, but I have contacted All the Fixins concerning my failure to pick up the animal, I understand that I will be responsible for all reasonable costs and charges related to housing the animal overnight. I further understand that any animal left longer than two hours beyond the designated pickup time without communication from the owner or any animal not picked up within 24 hours of the designated pickup time will be considered abandoned and turned over to the local animal shelter for processing _____
- An **ESTIMATED** pick up time will be given at the time of drop off. This time can change due to length and amount of surgeries for that day. Please wait to be contacted before coming to pick up _____
- **I understand that I am required to pay my bill, in full, at the time of pick up. Prices are located on the table at check in and if you are bringing a dog, you will be told the exact weight at drop off. Dog spay/neuter pricing is determined by weight.** _____
- **If you are using a Be Paws We Care certificate, Spay Ga voucher, etc you must present them at drop off in order for them to be valid for use of that surgery.** _____
- I understand that if I am participating in TNR (trap, neuter, release) the cat must be in a humane trap, **UNTOUCHABLE**, and receive an ear tip. If they are deemed friendly, I understand that I will be responsible for the regular pricing of the services rendered. _____
- I understand that take home pain medications are required by the recommendation of our vets. _____
- I understand that I will disclose any temperament or behavioral problems of my animal towards people **or other animals**.. Failure to do so may result in additional fractious charges to my final bill. _____
- I understand that there is a **\$4.00** credit card fee. To avoid this please bring cash _____

I acknowledge that I have been provided a copy of the **Surgery Aftercare Instructions** and that I have read and fully understand this **Surgery Consent Form**.

Signature of owner or authorized party

Date



Client Information

Name:

Payment type:

Address:

Phone:

Email:

Emergency Contact:

Patient Information

Name:

Cat Dog Male Female

Breed:

Color:

Age:

Any medical issues past or present:

Services

Pain medicine \$20.00 ____

FVRCP \$30.00 ____

1 year rabies \$30.00 ____

FELV \$40.00 ____

Microchip \$50.00 ____

Combo test \$45.00 ____

Dewormer \$25/30 ____

Capstar \$15.00 ____

DHPP \$30.00 ____

Vectra \$20.00/\$25.00 ____

Bordetella \$30.00 ____

E-Collar \$20.00 ____

HW test \$45.00 ____

Vet Information Only

Ace/Torb ____

Weight ____

Midazolam ____

1st ____

Ketamine ____

2nd ____

TDK ____

3rd ____

Meloxicam ____

Reversal ____

Notes: