



NEUTER SCOOTER

SURGICAL/TREATMENT CONSENT FORM

Please Print Legibly



DATE _____

PETSinc ID# _____

ANIMAL NAME: _____

AGE: _____ WEIGHT: _____

E-Mail Address _____

DOG CAT MALE FEMALE

BREED _____ OTHER: _____

COLOR _____ TREATMENT NOTES

Owner Exam: WNL ABNORMAL (NOTES BELOW)

Xylazine: _____ Ketamine: _____

Address Premed Xyla/Ace: _____ Propofol: _____

Midazolam: _____ Butorphanol: _____

Phone TT Dex: _____ Buprenorphine: _____

Alt phone _____

Other Medications: _____

Attending Dr. _____ Tech _____

Medical Notes: _____

Initial _____

Surgery Time of surgery _____

Feline Spay \$235 Neuter \$180

Canine Spay <40# \$270 Neuter <40# \$230

40-80 \$375 40-80 \$275

>80# \$475 >80 \$315

Dental Canine Feline Initial Below

Dentals start at \$300 Antibiotics, extractions are additional

Heart Worm Tx Full Other With Dental: Extractions Approved *\$35-\$55 each*

Date Inj Site Antibiotics Approved

Date Inj Site Petpoint #

Follow up on Microchip # -->

Diroban INJ mL Comprehensive Blood Work \$175.00

Other Surgery (see notes) Pre-Anesthesia Blood Work \$85.00

Ear / Skin Cytology \$35.00

Ear Cleaning \$20.00

Anal Sac Expression \$20.00

Nail Trim \$12.00

Add-On Nail Grind \$5.00

Pain Medication \$20.00

Post OP Laser Therapy \$20.00

Flea/Tick Prevention Priced per size

Heartworm Prevention Priced per size

Microchip \$25.00

We recommend all surgery animals go home with an e-collar device to prevent issues with the surgery site. Pre-surgical bloodwork is highly recommended as it helps identify underlying issue that can impact surgical procedures and outcomes.

Fecal \$30.00

Exam \$65.00

E-Collar \$12.00

Declined E-Collar

Declined Bloodwork

PETSinc

Client Name _____

Animal Name _____

Please Answer the following questions regarding your pets medical history

Mark one

Yes	No	Is your pet Currently up to date on all appropriate vaccines? (Rabies,DHPP,FVRCP,Bordtella)
Yes	No	Has your pet had anything to eat or drink this morning?
Yes	No	Has your pet had a physical exam in the last 12 months? When?
Yes	No	Has your pet been checked for intestinal worms in the last 6 months? When?
Yes	No	Has any vomiting, coughing or diarrhea been noted? If so explain in notes...
Yes	No	Has your pet been ill or injured in the last 30 days? If so explain in notes...
Yes	No	Is your pet allergic to any medications? What?
Yes	No	Is your pet on flea and tick Prevention? What type?
Yes	No	Has your cat been tested for FELV/FIV? When?
Yes	No	Has your dog been tested for heartworms in the last year? When?
Yes	No	Is your dog on heartworm Prevention? What type

Notes:	
Yes	No
We recommended all animals have Pre-Anesthesia Blood work done prior to any surgery to make sure major organ functions are normal so that the anesthesia can properly be filtered out of the body for the safety of your pet.	
Additional charge \$85.00	

Notes:	
** REQUIRED **	* All dogs and cats are REQUIRED by LAW to have a yearly rabies vaccination. *
	* You MUST provide proof of rabies / bordetella vaccinations at surgery check-in*
Initial _____	If proof is not provided an additional \$15.00 will be added for rabies vaccine and \$20 will be added for the bordetella vaccine.

Age 7 and Older	All animals over the age of 7 are required to have a comprehensive blood panel done prior to any type of anesthesia - this is a more extensive blood panel to check to make sure your pet can under go anesthesia and surgery safely
Initial _____	Additional charge \$175.00

ALL ANIMALS	
For the health and safety of all animals, there is a \$30 flea application charge if your animal is noted to have fleas	
Initial _____	If your animal is In-Heat(\$40) or Pregnant (\$100) there is an additional charge to the cost of the surgery
	If your animal is Cryptorchid there is an additional \$135 per side
	Your animal will have an Alteration Tattoo after surgery

I am the Owner/Agent for the above listed animal and have the authority to execute this consent and authorization of the above named surgery(s).

I understand that during the performance of procedure(s) unforeseen conditions may be revealed that necessitate an extension of foregoing procedure(s) or even a different procedure(s) than those set forth previously. I hereby consent and authorize the performance of such procedure(s) as necessary and desirable in the exercise of the attending Veterinarian's professional judgement to include life saving measures. I understand I am responsible for all cost necessary for any unforeseen complication following procedure, and hold PETSinc, it's veterinarian and staff as well as any affiliated entity blameless. I have been advised of the nature of the procedure(s) as well as the risk involved, and realize that results cannot be guaranteed.

I additionally authorize the use of appropriately anesthesia, Pathologist examination of the excised tissue as deemed by the Veterinarian and the administration of other medications. I understand that the hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent form completely. I understand that as a shelter PETSinc does not have dental radiology. Inherently some dental pathology is missed without this technology and the risk of leaving a small amount of tooth roots is increased.

Signed: _____

Date: _____