HSWC Spay Clinic

Linda R. Lorber Campus

Surgical Consent Form

Owner's First Name: _____ Owner's Last Name: _____

Address: _____ City: _____ State:_____ Zip: _____

Phone:_____ Alt. Phone: _____

Email: _____

Pet's Name: _____ Species: _____Breed: _____

Gender: _____ Age: _____ Color:_____ Weight (nothing over 80lbs.) _____

Please check the boxes to the left of services to indicate your choices

	Surgical Services		***Add On Services***		***Add On Services***		***Add on Services***
	Rescue Groups TNR Package – spay/neuter, rabies, ear tip $80		Flea Treatment (Revolution) $20		Microchip w/registration $50		Rabies Vaccine $25 (Required if no history)
	Spay Female Dog $200		Dog De-worming (Pyrantel) $10		Anal Gland Exp. $20		Bordatella Vaccine $25
	Spay Female Cat $80		Cat De-worming (Profender) $25		Ear Tip $0		Canine Distemper (DHPP) $25
	Neuter Male Dog $180		Nail Trim $10		Hernia Repair $65		Feline Distemper (FVRCP) $25
	Neuter Male Cat $70		Ear Cleaning $10		FIV/FeLV Testing $30		

There are additional fees for unknown pregnant animals – dogs are an additional $50 and cats are an additional $25

(Payment due prior to scheduling) Total Amount Due: _____ Paid by: ___Cash ___CC ___Check (No)_____

- **I authorize the HSWC Spay-Neuter Clinic veterinary staff to perform medical procedure(s) and/or treatment(s) on my pet.** I acknowledge and understand that there are significant risks and possible complications associated with surgery and anesthesia, which could result in injury to my pet, including the possibility of death. I indicate with my signature, my consent to the procedures, medications and anesthesia deemed necessary by the veterinarian. Furthermore, I indicate with my signature that I understand the risks, and that results and outcomes of surgery cannot be guaranteed, and that my questions about the procedure(s) have been answered to my satisfaction.
- **I am aware that the HSWC Spay-Neuter Clinic is not staffed overnight or weekends**. Animals needing extra care following surgery should be transported to the nearest Emergency Vet's office, at the owner's expense.
- **I certify that my pet has not had access to food of any kind, and limited water only, beginning at 10pm** the evening before surgery. Failure to disclose food intake may result in significant complications during surgery.
- **I release the HSWC Spay-Neuter Clinic from any and all claims arising from or connected with the performance of veterinary procedures on my animal.** I agree that I have not or will not claim any right of compensation from the HSWC Spay-Neuter Clinic, or file action due to such procedures, the use of anesthesia or any consequences related thereto. The HSWC Spay-Neuter Clinic shall not be liable for any injury or damage to any animal for any disease, accident, injury, illness or death from any cause whatsoever. I release the HSWC Spay-Neuter Clinic from any claims arising from or connected with giving vaccines. I understand that my animal will be exposed to other animals while visiting the clinic, and I will not hold HSWC Spay-Neuter Clinic responsible for exposure to any viruses, bacteria, fungus, or other illnesses or diseases to which they may be exposed while inside the clinic.
- **I agree to pay the additional $10 charge for an e-collar at the time of pick up should the veterinarian deem it necessary to prevent irritation to the incision.**
- **I agree to pay the additional fees at the time of pickup if the animal is pregnant.**

_____ Signature _____ Date