



OWNERS NAME (first, last) _____ ADDRESS _____

CITY/STATE/ZIP: _____ CELL PHONE: _____ EMAIL: _____

PET NAME: _____ Circle one: DOG or CAT BREED _____ COLOR _____

Pets age: _____ Circle one: MALE or FEMALE **Circle one**

Any known seizure activity? **Yes / No** Who is your regular veterinarian? _____

Any previous surgeries? _____ **Yes /No** Any previous medical history or allergies? _____ **Yes /No**

Is your pet on any medications? _____ **Yes/ No** When did your pet last eat? _____

FEMALES Date of last heat cycle: _____ Pregnant? **Yes or No** If this animal is pregnant do you want us to continue with the spay. Spaying this animal will terminate the pregnancy. **Yes No Initial** _____

TERMINATION OF PREGNANCY IS AN ADDITIONAL CHARGE. INITIAL _____

PLEASE CIRCLE ALL SERVICES YOU WISH YOUR PET TO RECEIVE TODAY

Dog: Spay(FEMALE) Neuter (MALE) Pain Medication\$20-30 E-collar(CONE)\$12 Distemper/Parvo\$20 Bordetella\$20 Rabies\$20 Leptospirosis\$20 Heartworm Test\$35 Heartworm Preventative Deworming\$12 Microchip\$36 Nail Trim\$6 Flea/Tick Product Anal Glands\$22 Bloodwork\$90 Hernia Repair Dental

Cat: Spay(female)\$62 Neuter(male)\$39 Pain Medication\$20-30 E-collar(CONE)\$12 FVRCP-Upper Respiratory\$20 FeLv\$24 Rabies\$20 FeLv/FIV Test\$39 Deworming\$12 Microchip\$36 Nail Trim\$6 Flea/Tick Product Bloodwork \$90 Hernia Repair Dental

I acknowledge that I am declining any treatments not circled. Initial _____

In the event that my pet's heart arrests, I **opt** for resuscitation efforts to be performed **Yes/No Initial** _____

TREATMENT AUTHORIZATION AND RELEASE:

- I am the owner or responsible party of the animal listed above. I have the authority to execute this consent. To my knowledge the animal listed above is in good health. I acknowledge the fact that all pre- and post- operative care is my responsibility.
- I hear by also authorize the use of such anesthetics, vaccinations, and the performance of such surgical and therapeutic procedures as you determine necessary/advisable. I understand that some risks always exist with anesthesia and/or surgery, vaccinations, treatments, and that I am encouraged to discuss any concerns I may have about those risks with the attending veterinarian before the procedures are initiated. My signature on this form indicates that any questions I have regarding these issues have been answered to my satisfaction.
- I agree that Arizona Spay Neuter clinic, Inc. and the attending veterinarian are free from any and all liability arising out of the performance of all procedures referred to above.
- I understand that trained personnel will not tend to any hospitalized animals and any further care will be referred to emergency veterinary clinics for after hour needs.

Arizona Spay Neuter recommends that ALL pets that are getting spayed or neutered go home with an E-COLLAR (ALSO KNOWN AS A CONE) so that they will not bother the surgical site. If you chose to decline an e-collar you are assuming all risks/costs associated with repair of the surgical site.
Decline e-collar _____

The payment of your bill is due in full at the time that services are rendered. If you show up after 4:00 P.M there is an extra \$30 late fee every 15 minutes that you are late.

I, the pet owner or agent thereof, confirm that all the information I have indicated on this form is accurate and true to the best of my knowledge.

Signature _____ Date _____