



Owner Name (first, last): _____

Address: _____

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

PET NAME: _____ **BREED** _____ **COLOR** _____ **PETS AGE:** _____

CIRCLE ONE: MALE or FEMALE

Any known seizure activity? **Yes / No** When did your pet last eat? _____

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

Is your pet on any medications? _____ **Yes/ No** **FEMALES** Date of last heat cycle: _____

FEMALES: If this animal is pregnant do you want us to continue with the spay (ADDITIONAL CHARGES FOR THIS). **Yes or No**

Spaying this animal will terminate the pregnancy, initial that you understand. **Initial** _____

PLEASE CIRCLE ALL SERVICES YOU WISH YOUR PET TO RECEIVE TODAY

THERE IS A \$10 PRE-EXAMINATION FEE PER PET AUTOMATICALLY ADDED TO THE BILL.

Cat: Spay(female) \$68	Neuter(male) \$45	Tattoo: \$0
Hernia Repair \$TBD	Dental \$215 + extractions	Pain Medication: \$20-\$30
Deworming \$12	Nail Trim \$10	Bloodwork \$100
FeLv/FIV Test \$39	Flea/Tick Product: \$TBD	Ecollar: \$12
FVRCP-Upper Respiratory \$20	FeLv \$24	Rabies \$20
Microchip \$38		

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

I understand that Arizona Spay and Neuter is HIGHLY recommending my animal receive a cone collar to prevent post-surgical complications. If I decline a cone collar at this time and the animal comes back for a re-check due to licking, chewing, or scratching of the incision, I understand that I am assuming all risks/costs associated with repair of the surgical site. **Decline e-collar** _____

In the event that my pet's heart arrests, I **opt** for resuscitation efforts to be performed and understand I am responsible for any charges during this: **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.

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 _____