

Spay Consent Form

Client Name: _____ Patient Name: _____

Best phone number(s) to contact you today: _____

What time and how much did your pet last eat? _____

Which type of medication(s) is easiest for you to administer to your pet:

___Tablets ___Capsules ___Liquid ___Injections (given by staff)

Please check below which additional services your pet needs today:

Annual wellness: ___ Yes ___ No Microchip: ___ Yes ___ No

Nail Trim: ___ Yes ___ No Anal glands: ___ Yes ___ No

Ear cleaning: ___ Yes ___ No Medication refill(s): ___ Yes ___ No

If refills needed, please list here: _____

Send samples to outside lab (when applicable): ___ Yes ___ No

While we take every precaution to ensure your pet's safety during anesthesia, as with any medical procedure, there are inherent risks. These risks, though rare, can include complications such as adverse reactions to medications, cardiovascular or respiratory issues, and in extreme cases, the possibility of death. We closely monitor your pet throughout the procedure and take every measure to minimize these risks. Please initial next to your preference:

____CPR: I consent to CPR and life-saving measures if my pet experiences cardiac or respiratory arrest under anesthesia.

____DNR: I prefer that no life-saving measures, including CPR, be performed if my pet experiences cardiac or respiratory arrest under anesthesia.

Please initial stating you have read the following statements:

____I understand that if my pet is in heat there will be an additional \$150 fee applied.

____I understand that if my pet is found to be pregnant, the pregnancy will be terminated during the procedure and there will be an additional \$250 fee applied.

Your pet will be undergoing general anesthesia for a surgical procedure today. By signing below, you understand that during the performance of this procedure, unforeseen conditions may necessitate an extension of the procedure or different procedure(s) than those set forth above. Therefore, I consent to the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgement. I authorize the use of appropriate anesthetics and other medications. I have been advised as to the nature of the procedure, as well as the risks involved, and consent to proceed with the procedure. I realize results cannot be guaranteed.

Signature: _____ Date: _____

Please note, pets undergoing anesthesia will remain for monitoring and are typically ready for pick-up mid to late afternoon. The veterinarian will provide the exact pick-up time when they call after surgery.