

Eldon Spay & Neuter Clinic
Surgical Consent Form
573-480-3883

Date _____ Owner's Name _____

Pet Name _____ Color _____ Breed _____

() Dog () Cat () Male () Female Approximate Age _____

FULL Physical Address _____

Does your pet have any health problems? _____

Is your pet taking any medications? _____ Is your pet pregnant? _____

Do you have a voucher? _____ **IF SO IT MUST BE PRESENTED AT CHECK IN**

CASH OR CHECK ONLY PICKUP FROM 2 TO 4 OCLOCK

Eldon Spay & Neuter Clinic uses approved procedures and materials for all procedures. It is important for you to understand that the risk of injury or death, although extremely low, is always present.

I, acting as owner or agent of the pet named above authorize Eldon Spay & Neuter Clinic to perform surgery on the animal named above. I understand that the operation presents some hazards and that injury to or death may conceivably result. I certify that I waive my right to have him vaccinated, unless requested, and waive all claims arising out of not performing this procedure. I certify that my animal is in good health and has had no food since 9:00 PM the evening prior to surgery. I understand that Eldon Spay & Neuter Clinic may not perform a complete physical examination before surgery. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed by a full service veterinarian. I understand that some factors increase surgical risk, including but not limited to, pregnancy, heat and heartworms. I hereby release all Eldon Spay & Neuter Clinic veterinarians, assistants, and volunteers from any claims arising out of or connected with the performance of this procedure.

Requested Feline Services

- _____ Rabies \$16
- _____ Feline Distemper / Respiratory \$16
- _____ Deworm \$5
- _____ Tapeworm Deworm \$5
- _____ Flea treatment for cat or dog \$5 - \$22

Requested Canine Services

- _____ Rabies \$16
- _____ Distemper / Parvo \$16
- _____ Kennel Cough \$16
- _____ Deworm \$5
- _____ Tapeworm Deworm \$5 - \$12
- _____ Heartworm Test \$15

Signature of Owner/Agent _____ **Date** _____

Phone number to reach you today _____