All charges are due and payable upon

patient’s release. Pick up after 5:01pm

subject to late fee of $5 every 15 minutes.

 **CALVERT WELL PET CLINIC**

 **FELINE SURGICAL CONSENT FORM**

 **WE TAKE CASH OR CREDIT CARD ONLY**

|  |
| --- |
| 3% FEE ADDED TO CREDIT CARD PAYMENTS |

**Client’s(Owner)Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_**

**Client’s Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: □ Female □ Male**

**Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHICH OF THE FOLLOWING DOES YOUR PET NEED?**

**{ } SPAY { } NEUTER { } EAR TIP: initials: \_\_\_\_\_\_\_\_\_**

**Your cat will receive a small green tattoo next to his/her incision to show that he/she is sterilized.**

**VACCINES:**

**{ } RABIES (required)**

**{ } DISTEMPER (FVRCP) (required) { } FECAL TO IDEXX { } DEWORMER \_\_\_\_\_\_\_\_\_**

**{ } OTHER VACCINE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**{ } FELV/FIV/HW TEST \_\_\_\_/\_\_\_\_/\_\_\_\_**

**{ } MICROCHIP FLEA/TICK/HW PREVENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**{ } E-COLLAR**

**WE WILL CALL YOU IF THERE ARE ANY ADDITIONAL CHARGES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT AND RELEASE: MUST BE SIGNED BY OWNER BEFORE SURGERY IS PERFORMED**

**I understand that dogs and cats 3 months and older are required by law to have an up to date Rabies vaccine. If I cannot show proof of an up to date vaccine my pet will receive one today. I understand that additional charges may apply if my pet is overweight, pregnant, in recent or active heat, or Cryptorchid (one or both testicles are not in the scrotum. I understand that reasonable precautions against injury, escape, or death will be taken. I understand anesthesia, surgery, medications and vaccinations involve some risk to my pet. It is understood that Calvert Well Pet Clinic and its staff will not be held liable or responsible in any manner for the risks listed above, and I assume all risks as the pet owner.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner/Agent