

Called for PU _____

Time of check in _____

Amount paid _____

PU at _____

cash credit card

Consent Form

Pet Name _____ Cat Dog
Circle One

Breed _____ Weight _____

Color _____ Age _____

Does this animal have any pre-existing health conditions? Y N If yes, please describe below:

Other requested services: _____

Please circle required services:

Cat Spay \$60

Cat Neuter \$35

Dog Spay \$85

Dog Neuter \$85

Dew Claw Removal \$85.00
(for two)

Dental Cleaning \$85 + \$5.00 per extraction # _____

Vaccinations:

Distemper Combo \$15.00

Rabies \$15.00

Bordatella \$15.00

Feline Leukemia \$15.00

When was your animals last rabies shot? _____

Being responsible for the animal described above, I have the authority to grant the veterinarian my consent to receive, treat and/or perform surgery upon the animal named above. I understand that risks exist with any surgery or medical treatment. I consent to the administration of such anesthetics as may be deemed proper by the veterinarian. I understand that if a post-surgical issue occurs, I will not request reimbursement for any services incurred through other veterinarians. My signature acknowledges that I have read and fully understand the terms of the agreement.

Signature _____

Date _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip _____ Cell Phone: _____

For Veterinary Use Only _____ cc rk(dog) _____ cc ka(cat)