



SENIOR Canine Surgery (6+ years of age) Surgery Consent Form



Owner's Name: _____ Patient (Dog's) Name: _____

***Phone #(s) where we may contact you for further information or in case of an emergency:**

(____) _____ - _____ (____) _____ - _____

What type of surgery is your pet scheduled for today*? (Please circle all that apply)

Spay (female) Neuter (male) Tumor Removal Dental Procedure Other (please specify) _____

Additional Services	Description	Cost	Accept	Refuse
HomeAgain Microchip Permanent ID	1 in 3 pets will get lost; Without ID, 90% won't return home. <i>If you desire, we can place a Home Again microchip at a reduced cost (\$5.00 off) while your pet is under anesthesia.</i>	\$50		
Intestinal Parasite Testing	We recommend an intestinal parasite screen to ensure your pet is free of intestinal parasites such as roundworms, hookworms, etc. If your dog is going to be boarding or in daycare this test needs to be completed every 6 months.	\$35		
Biopsy for patient having lumps removed	If your pet is having a lump removed today, we recommend that the lump be sent to the lab for a histopathology (a test to tell us what type of lump it is). We will have results in 5-7 business days.	\$140 to \$230		
Vaccinations	Initial the vaccines below that you would like your dog to have today: _____ DAP4L (Distemper, Adenovirus, Parvovirus, Lepto 4 strains) \$27 _____ Bordetella (Kennel Cough vaccine) \$24 _____ Rabies Vaccine (1 yr. or 3 yr.) \$22 - \$26 _____ Lyme Vaccine \$37 _____ Canine Influenza Vaccine (Required for boarding/daycare/grooming) \$30	See box to left		
Annual Heart worm and tick-borne diseases blood test	All dogs should be tested annually for Heart worm disease. This is a deadly disease that is spread by mosquitos. This test also tests for several tick-borne diseases including Lyme disease.	\$46		

***If Fleas are present on your pet during the time of surgery, your pet will be given a dose of medication that will kill the fleas for 24 hours; this fee will be added to your total invoice. _____**

I understand that during the performance of the foregoing procedure or surgery, unforeseen conditions may be revealed that necessitate an extension of the procedure or surgery, or of different procedures or surgeries than those set forth above. Therefore, I hereby consent to and authorize the performance of procedures or surgeries, as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or surgery and the risks involved. I realize that results cannot be guaranteed. I am the owner or agent of the above-described animal(s) and have the authority to execute.

this consent. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me of any obligation to all reasonable costs incurred regarding the animal.

I also understand that these charges will be paid for at the time of release and a deposit may be required.

For elective procedures all dogs must be up to date on all core vaccinations. Spring Meadow Vet Clinic will not be held responsible for any sickness incurred during your dog's stay; your dog should be current on all vaccines, for best results all vaccines MUST be given at least 2 weeks prior to the hospital stay.

I hereby consent to and authorize the performance of the procedure(s) listed/circled above.

Signature of Pet owner

Date