

Owners name _____ Pets name _____ Date _____

Description of pet _____ Age _____

I understand that I am leaving my dog today at Valley Veterinary Clinic for the day for a _____ spay(female) _____ or neuter(male)

1. We strongly recommend a blood test prior to anesthesia to evaluate the health of your pet's liver, kidneys and other organs, also to establish a base line for your pet.

____ YES, please perform the blood test (\$68.00) _____ NO, I decline the blood test

2. Hydration is important for recovery from anesthesia. I consent to and authorize fluids during the procedure.

____ YES, I would like fluids (\$31.00) _____ NO, I decline fluids

3. Should unforeseen conditions arise, I consent to and authorize such procedures deemed necessary in the veterinarian's judgment. For spays: dog in heat charges + \$20-45; If pregnant dog add on \$90

4. Please give appropriate vaccines if they are due. _____ Yes please give _____ No not at this time. Pet must be up to date on rabies for us to any procedure Rabies : Yes my pet is _____ No my pet needs rabies _____

5. My dog has rear dewclaws and I authorize to have them removed at this time. I understand that there is an additional cost ranging from \$30-60 per foot for this and my pet will go home with bandages on the paws.

____ Yes remove rear dewclaws _____ No do not remove at this time.

6. If fleas are noted on my pet, I understand they will be treated immediately. (\$12.00)

Follow up with Revolution or Bravecto

7. Please Microchip (AVID) my pet while under anesthesia.

____ YES, I want my pet microchipped (\$47.00) _____ NO, I decline microchipping.

8. I UNDERSTAND PAYMENT IN FULL IS EXPECTED AT THE TIME MY PET IS DISCHARGED.

9. I have read and understand this form, and hereby voluntarily give my consent for anesthesia/dental/surgical procedures. I am the legal owner, or agent of legal owner, of this pet. I am of legal age of 18 years or older. I do understand that by signing this form I am responsible for any decisions I made.

SIGNATURE: _____ DATE: _____ CONTACT TELEPHONE _____

If you would a total and pick up time for your pets procedure today please write down a current email address _____