

Paw Prints Animal Hospital
8500 BENSVILLE RD
WALDORF, MD 20603
301-885-0263

Surgery Consent Form

Owner/Responsible Party Information:

Owner's First and Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (H) _____ (C) _____ (W) _____

Patient Information:

Pet's Name: _____ Age/DOB: _____

Please check which Species: CANINE FELINE RABBIT

Please check a Sex: Male Female

Breed: _____ Color: _____

Is your pet on any medications daily? Or have any medical conditions you are aware of? YES NO

If yes, what are those medications, and what day/time were they last given? What medical conditions?

Email - _____

Please check services to be performed today:

- | | |
|--|--|
| <input type="radio"/> Spay/Neuter (Prices vary by weight) | <input type="radio"/> Felv/Fiv/HW Test (\$45) |
| <input type="radio"/> Nail Trim (\$25) | <input type="radio"/> Hookworm/Roundworm Dewormer (\$7-\$30) |
| <input type="radio"/> Ear Cleaning (\$25) | <input type="radio"/> Heartworm Test (\$55) |
| <input type="radio"/> Rabies Vaccine (Required for surgery*) (\$20) | <input type="radio"/> Distemper Vaccine (Dog \$35.00, Cats \$30) |
| <input type="radio"/> Bordatella vaccine (canine only) Injectable \$36, Intranasal \$26 | <input type="radio"/> Feline Leukemia Vaccine (\$24) |
| <input type="radio"/> Fecal (\$30.00 - \$40.00) | <input type="radio"/> Microchip (\$30) (free registration) |
| <input type="radio"/> Take home pain medication (\$15-30) | <input type="radio"/> E-collar (\$15) |

*if pet's age is 4 months or older

PLEASE READ OVER AND SIGN BACK OF THIS SHEET!

*****PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING*****

- 1) I certify that my animal is in good health and has not had any food since 10pm last night.
- 2) I am aware that every surgical procedure carries an inherent risk, including death, and that no guarantee regarding the outcome has been given to me.
- 3) I am the owner/agent of the above-described pet and have the authority to give consent.
- 4) I am aware of the possibility of complications and agree to take my animal to the emergency veterinary hospital and be financially responsible for subsequent treatment.
- 5) I agree to pick up my pet by 3pm the day of the surgery or I will be charged a fee of \$20/hour.
- 6) I hereby consent to and authorize surgery and waive all claims or damages against Waldorf Well Pet Clinic (Paw Prints Animal Hospital)/The Spay Spot/Last Chance Animal Rescue, Inc. and any of its officers, employees, or contractors.
- 7) I am aware that if fleas/ticks are found on any animal, treatment will be administered at my expense.
- 8) I also understand there could be extra charges, depending on how surgery goes for my pet. I understand that the hospital will call me to ask about the charges beforehand as long as a call is possible.
- 9) Any female animal over the age of 3 months has the potential to be in heat. Due to the individual nature of each pet, it may not be possible to see this externally. There are additional fees if your female pet is in heat. (Cat \$10, dogs \$25-\$100).
- 10) If during a spay surgery, we find an infected uterus (pyometra) there will be an additional charge from \$400-\$800.
- 11) I understand that payment is required in full on the day of surgery and that Waldorf Well Pet Clinic (Paw Prints Animal Hospital)/The Spay Spot/Last Chance Animal Rescue, Inc. does not offer financial plans.
- 12) We recommend pre-anesthesia bloodwork for every animal undergoing anesthesia. We require pre-anesthesia bloodwork for all pets 6 years & above. Bloodwork must be done within 30 days of the surgical procedure.

By signing below, I agree that I have read Numbers 1 through 12 above and understand there could be extra charges when checking out.

Signature

Today's Date