



Martin Spay / Neuter & Wellness Clinic
2400 Lone Star Drive | Dallas, TX 75212

Surgery Consent Form

Account #: _____

Pet's Name: _____ Age: _____

Dog Cat? Breed: _____ Sex: _____ Color: _____

What time did you pet last eat and drink? _____ am/pm

Date: _____ Owner's Name: _____ Number you can be reached today? _____

Address: _____ City, State, Zip: _____ Phone: _____

Where did you get your pet? _____ How long ago? _____ Regular Veterinarian's Name: _____

Veterinarian's Number: _____ Date of your pet's Vaccination: _____ Email Address: _____

Your pet's, medical history; please read and INITIAL each question below...

1. Has your dog been Heartworm Tested or cat Feline Leukemia tested? YES NO

When? _____ Results? _____

2. Is your pet on heartworm pill? YES NO

If yes, what? _____

Last dose? _____

3. Has your pet ever had ANY surgery in the past? YES NO

If yes, what kind? _____

4. Has your pet ever had an allergic reaction to a vaccination or medication? YES NO

(What medication or vaccine?) _____

5. Has your pet had any injury in the past? YES NO

(Hit by car, fractured limb, snake bite, etc) Explain _____

6. Has your pet ever had a seizure? YES NO

7. Has your pet ever been rejected for surgery in the past? YES NO

When & Reason _____

8. Is your pet currently taking any medications? YES NO

(Aspirin, allergy meds, etc) What medication? _____

9. What illness has your pet had in the past 2 weeks?

(please circle all that apply): Coughing Sneezing Vomiting Diarrhea Weight loss Loss of appetite None other explain, _____

10. Has your pet ever been diagnosed with any skin condition? YES NO

If yes, what? _____

11. Is your pet on any flea control? YES NO

What? _____ Last dose? _____

12. FEMALES ONLY: Last heat cycle? _____

of litters _____ Date of last litter: _____

Pregnant now? YES NO

Heat \$22-\$40 Pregnant \$39-\$75

13. Is there anything that we should know about your pet's medical history? _____

14. Does your pet live outside or inside? _____

I want to help support the SPCA of Texas!

YES NO. Please add \$ _____ to my bill

Required Vaccines

Required for pets undergoing surgery:

Dogs: (Initial all that are needed)

Rabies \$10

DHPP+C \$12

Cats: (Initial all that are needed)

Rabies \$10

FVRCP \$12

Services for all Pets:

Highly recommended items: (Initial all that are needed)

Fecal Test \$18

Tapeworm Treatment \$15 - 25

E-collar \$7

Clean Ears \$10

Flea/Tick Preventative \$13.75 - \$17.25

Heartworm Preventative \$4.75- \$15.00

Nail trim \$5

Retained baby teeth removal \$12 per tooth

Hernia repair \$ _____

Sub-Q Fluids \$30

Microchip \$20 Today only!

Dog Owners



We recommend your dogs be tested for heartworms prior to surgery.

(Initial all that are needed)

Bordetella \$15

Heartworm Test \$25 - \$35

Cat Owners



We recommend that your cats be tested for FeLV/FIV prior to surgery.

(Initial all that are needed)

FeLV/FIV Test \$35

Feline Leukemia Vaccine \$15

Ear mite Treatment /cleaning \$25

City/Group Information

MAC 102975

City of Dallas 65976

Mesquite 61474

Tri-Cities(Cedar Hill) 64209

Irving 61350

Prairie Paws (G.P.) 68615

Lancaster 80403

Mansfield 79260

Feral Friends 11784

Other

Pre-anesthetic blood work is mandatory for any animal five years or older; and highly recommended for all animals regardless of their age. There is always a risk with anesthesia, but this procedure may give us an indication if something is wrong. The cost to have this blood work performed is \$60.

YES, I want my pet to have pre-anesthetic blood work. NO, I do not want my pet to have pre-anesthetic blood work.

Important! Please read, initial and sign...

Notice of Additional Fees:

Fleas, I understand that if fleas are noticed on my pet anytime before surgery he/she will be given Capstar® at a cost of \$5.70. (Capstar® is a temporary flea control tablet that should not replace a monthly flea treatment).

Boarding: I will pay a charge of \$40.00 per night if my animal is not picked up on the day designated. I acknowledge that any animal that is left overnight will NOT be attended to or cared for overnight. I also understand that any pet left for 72 hours or more will be considered abandoned and given to the proper authorities.

Additional Surgery Fees: I understand that if my pet is deemed to be in heat, pregnant or a cryptorchid there will be an additional fees ranging from \$22 to \$60.

I understand that incase of a post-op emergency or complication, or if my pet damages or removes the surgical sutures, it will be my responsibility to take my pet back to the SPCA of Texas during normal business hours or to my private veterinarian if after hours. I will assume responsibility of all charges incurred.

I hereby authorize the surgical sterilization of the aforementioned animal.

To my knowledge the above animal is in good health. I acknowledge the fact that all pre- and post-operative care is my responsibility. I am at least 18 years of age or older and the owner of the above animal or am responsible for it and have the authority to execute this consent. I hereby also authorize the use of such anesthetics as you deem advisable and the performance of such surgical or therapeutic procedures as you determine necessary. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) are initiated. My signature on this form indicates that I understand additional charges may apply and any questions I have regarding these issues have been answered to my satisfaction. I agree to indemnify and hold harmless the SPCA of Texas and the attending veterinarians from and against any and all liability arising out of the performance of all procedures referred to above. The SPCA Spay/Neuter & Wellness Clinic is a low-cost service center. The clinic supplies low-cost services to those qualified for assistance programs. By signing this document I verify that I am indigent and lack sufficient means to provide medical care for my pet.

Pet Owners Signature: _____ Date: _____