



Russell H. Perry Spay/Neuter
& Wellness Clinic
8411 Stacy Road
McKinney, TX 75070
214-461-1919

Patient Name _____ Account # _____ Pet's Age _____
Species: _____ Breed: _____ Sex: _____ Color: _____
Surgery Date: _____ For Clinic Use Only - Weight: _____
Phone number we can reach you today: _____

Surgery Consent Form

Date: _____ Owner's Name: _____ Email Address: _____
Address: _____ City, State, Zip: _____ Home Phone: _____
Primary Care Veterinarian's Name: _____ Veterinarian's Number: _____
Where did you get your pet? _____ How long ago? _____ Date of your pet's Vaccination: _____

Your pet's, medical history; **PLEASE READ AND ANSWER EACH QUESTION BELOW**

1. What time did your pet last eat/drink? _____ am/pm
2. Has your pet ever had an allergic reaction to a vaccination or medication? ____ YES ____ NO
(What medication or vaccine?) _____
3. List all medications including OTC and supplements, your pet has taken in the last 30 days

4. What illness has your pet had in the past 2 weeks? (please circle all that apply): None Coughing Sneezing Vomiting Diarrhea Weight loss Loss of appetite Other: _____
5. FEMALES ONLY: Last heat cycle? _____ # of litters _____ Date of last litter: _____
Pregnant now? _____

I want to help support the SPCA of Texas!
 YES NO. Please add \$ _____ to my bill

Pre-anesthetic blood work is optional unless otherwise recommended by the Veterinarian following a pre-surgical exam.
There is always a risk with anesthesia, but this procedure may give us an indication of any underlying, unknown conditions.
The cost of this blood work is \$60 and includes a free heartworm test, if age and species appropriate.
____ 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! REQUIRED TO READ, INITIAL AND SIGN EACH...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 \$6.00. 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, a cryptorchid or aggressive, there will be additional fees ranging from \$22 to \$60 charged to me.

____ I understand that incase of a post-op emergency or complication, or if my pet damages or removes the surgical site, it will be my responsibility to take my pet back to the SPCA of Texas during normal business hours or to another 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 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. Signature on this form allows us to supply you with these low-cost services and will verify that you are qualified to receive these services.

THE ANIMAL WILL RECEIVE A SMALL TATOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Pet Owners Signature: _____ Date: _____

Additional Fees

Vaccines required for all 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)

____ Tapeworm Treatment \$8 - \$22
____ E-collar \$7
____ Clean Ears \$10 - \$18
____ Flea/Tick Preventative
____ Heartworm Preventative
____ Nail trim \$5
____ Retained baby teeth removal \$12 per tooth
____ Umbilical hernia repair \$ _____
____ Microchip \$15 **Permanent Identification**
____ Post-op sedative (5 days) \$6 - \$10
 Yes No

Dog Owners

We recommend your dogs be tested for heartworms (if age appropriate) prior to surgery or starting heartworm prevention

(Initial all that are needed)

____ Bordetella \$15
____ Heartworm Test \$25

Cat Owners

It is recommended that all cats be tested for FeLV/FIV prior to surgery or vaccinated for FeLV..

(Initial all that are needed)

____ FeLV/FIV Test \$35
____ Feline Leukemia Vaccine \$15
____ Ear mite Treatment

SURGERY PICK-UP TIME FOR TODAY WILL BE BETWEEN 3 PM - 4 PM