



Perry Spay / Neuter & Wellness Clinic  
8411 Stacy Road  
McKinney, TX 75070

# Surgery Consent Form

Account #: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ yr/mo  
Dog or Cat? Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_  
*(Please Circle one.)*  
What time did you pet last eat and drink? \_\_\_\_\_ am/pm

Surgery Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Number you can be reached today? \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ This Pet's Regular Veterinarian's Name: \_\_\_\_\_  
Where did you get your pet? \_\_\_\_\_ How long ago? \_\_\_\_\_ Date of your pet's last vaccination: \_\_\_\_\_

**Your pet's medical history; please read and INITIAL each appropriate answer below...**

- Has your dog been Heartworm Tested or cat Feline Leukemia tested?  YES  NO  
When? \_\_\_\_\_ Results? \_\_\_\_\_
- Is your pet on heartworm preventative?  YES  NO  
If yes, what? \_\_\_\_\_  
Last dose? \_\_\_\_\_
- Has your pet ever had ANY surgery in the past?  YES  NO  
If yes, what kind? \_\_\_\_\_
- Has your pet ever had an allergic reaction to a vaccination or medication?  YES  NO  
(What medication or vaccine?) \_\_\_\_\_
- Has your pet had any injury in the past? (Hit by car, fractured limb, snake bite, etc)  YES  NO  
Explain \_\_\_\_\_
- Has your pet ever had a seizure?  YES  NO
- Has your pet ever been rejected for surgery in the past?  YES  NO  
When & Reason \_\_\_\_\_
- Is your pet currently taking any medications? (Aspirin, allergy meds, etc)  YES  NO  
What medication? \_\_\_\_\_

- 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, \_\_\_\_\_
- Has your pet ever been diagnosed with any skin condition?  YES  NO  
If yes, what? \_\_\_\_\_
- Is your pet on any flea control?  YES  NO  
What? \_\_\_\_\_ Last dose? \_\_\_\_\_
- FEMALES ONLY: Last heat cycle? \_\_\_\_\_  
# of litters \_\_\_\_\_ Date of last litter: \_\_\_\_\_  
Pregnant now?  YES  NO  
Heat \$22-40 \_\_\_\_\_ Pregnant \$39-75 \_\_\_\_\_
- Is there anything that we should know about your pet's medical history? \_\_\_\_\_
- Does your pet live outside or inside? \_\_\_\_\_

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

**Additional Fees**


- Vaccines required for all pets undergoing surgery:**
- Dogs:** (Initial all that are needed)  
Rabies \$10  
DHPP \$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 \$8 - \$22
  - E-collar \$7
  - Flea/Tick Preventative \$14.83 - \$16.00 ea.
  - Heartworm Preventative \$4.50 - \$8.77 ea.
  - Nail trim \$5
  - Retained baby teeth removal \$15 per tooth
  - Umbilical hernia repair \$69
  - Sub-Q Fluids \$17
  - Microchip \$20 **Today only!**

Blood work is an important step for any pet undergoing anesthesia. Animals are very capable of hiding illness and can suffer from disease without showing any outward signs. A blood panel can help minimize risk of anesthetic, surgical, and postoperative complications by checking for pre-existing liver disease, kidney disease, anemia, infection and other conditions. Pre-operative blood work can also aid the doctor in selecting what drugs are best suited for your pet, and also which medications should be avoided. This testing is **MANDATORY** for animals 5 years old or older. **(Cost \$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.

**Dog Owners**

-  It is recommended that all dogs be tested for heartworm infection prior to surgery.  
(Initial all that are needed)
- Bordetella \$15
  - Heartworm Test \$25
  - Heartworm Combo Test \$35
  - Incisional Flush and Local \$2

**Cat Owners**

-  It is recommended that all cats be tested for FeLV/FIV in addition to surgery.  
(Initial all that are needed)
- Feline 3DX Test \$35
  - Feline Leukemia Vaccine \$15
  - Ear mite Treatment/w/ear cleaning \$25
  - Follow up ear mite treatment \$19

**Important! Please read, initial and sign...**

\_\_\_\_\_ 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.

\_\_\_\_\_ If fleas are found on your pet at any time during his/her surgical hospitalization, a **mandatory fee of \$5.70** will be applied to your bill for the administration of a dose of Capstar® a 24 hour flea control. *Monthly flea preventative is still recommended.*

\_\_\_\_\_ I understand that in case 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 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:** \_\_\_\_\_