



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

Patient Name _____ Account Number _____ Pets Age _____
Species: Dog / Cat Breed/Sex: _____ Color: _____

(for clinic use only) Weight _____.

Surgery Consent Form

Number we can reach you today: _____

Client's Name: _____

Email: _____

Address: _____

Home Phone: _____

Primary Care Veterinarian Name: _____

Alert:

Where did you get your pet? _____ How long ago? _____ Date of last vaccines? _____

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

1. What illness has your pet had in the past 2 weeks? (please check all that apply):
 Coughing Sneezing Vomiting Diarrhea Weight loss Loss of appetite
 None of the above Other _____

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

3. Where does your pet live? Inside Outside

I want to support the SPCA of Texas!

NO YES, please add \$_____ to my bill

4. FEMALES ONLY: Last heat cycle? _____
 # of litters _____ Date of last litter: _____
 Pregnant now? YES NO

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 \$15 - 25
- _____ E-collar (plastic cone) \$7
- _____ Clean Ears \$10 - 18
- _____ 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 \$63- \$125
- _____ Microchip \$15

Pre-anesthetic blood work is **mandatory for any dog eight years or older**; and highly recommended for all animals. There is always a risk with anesthesia but this procedure may give us an indication of any underlying, unknown conditions. The cost to have this blood work performed is \$60 and includes a FREE heartworm test.

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 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 or cryptorchid** there will be an additional fees ranging from **\$10 to \$66**.

_____ 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 bring 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 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 qualified clients.

The animal will receive a small tattoo on his/her underside to show that he/she has been sterilized.

Pet Owners Signature: _____ Date: _____

Dog Owners

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

(Initial all that are needed)

_____ Bordetella \$15

_____ Heartworm Test \$25 - \$35*

* Ask us how to get your heartworm test free today!

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 \$33

Checked in By:

- DC CD MG
- MM Other _____

**SURGERY PICK UP
WILL BE TODAY
BETWEEN
3 P.M. – 4 P.M.**