

I am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby authorize Anderson Animal Shelter's Veterinary Clinic staff to perform the following procedures and I understand that there may be charges associated with each:

PROCEDURE & ESTIMATED COST

- Spay - Feline - \$80 Canine - \$125 (Over 50lbs - \$140)
- Neuter - Feline - \$55 Canine - \$90 (Over 50lbs - \$105)
- *Cryptorchid (Undescended testicles) \$30 - \$75 (inguinal versus abdominal – vet will not know for sure until time of surgery) ***In addition to the neuter fee**
- *Pyometra (Infected Uterus) Feline - \$40 Canine - \$75 (includes placement of IV catheter and fluids during surgery) ***In addition to the spay fee**
- *Hernia Repair (Feline and Canine) - \$30 ***In addition to the spay/neuter fee**
- *Weight over 100lbs - \$100 ***In addition to the spay/neuter fee**
- Microchip - \$25
- Nail Trim - \$10
- Vaccines (Rabies (**REQUIRED**), Distemper, Bordetella) - \$15 each
- Deciduous Tooth Extraction(s) - \$10 per tooth
- Capstar Treatment (If live fleas are found) - \$5
- IV catheter - \$10 (All brachycephalic breeds will have a catheter placed due to a much higher anesthesia risk)

Please check box if you would like a one month flea control applied to your pet during surgery (Frontline – Canine; Revolution – Feline) - \$15

ESTIMATED TOTAL: \$ _____

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. **All pets receive a small green tattoo near their incision site. This is to show that the animal has been spayed/neutered.** I further understand that during the course of the operation or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. **These include, but are not limited to: dental extractions, Capstar treatment if live fleas are found, Hernia repair, Pyometra (infected uterus), and Cryptorchid surgery (one or more undescended testicle). I understand that I will be charged an additional fee if my dog is over 100 lbs.** I understand that anesthesia and surgery have inherent risks and that no guarantee can be professionally made regarding the outcome. **Pre-surgical blood work is recommended for all animals undergoing anesthesia, but required for animals 8 years of age and older.** If I decline to have preoperative blood work, CBC, chemistry panel or clotting profile done, I fully understand the implications of this decision. I also understand that it is required by law for my animal to be up to date on the Rabies vaccination. **If I do not bring proof of Rabies, then the veterinarian will administer the vaccine and I will be charged \$15.** In addition to the required Rabies,

Distemper-Parvo and Bordetella vaccinations are highly recommended. I understand that if my female pet is found to be pregnant during surgery; the veterinarian will proceed with the spay and the fetuses will be aborted. Any additional care that is needed is the sole responsibility of the owner/agent. If such care is needed it is also the sole responsibility of the owner/agent to assume the costs associated with this care. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks with the use of any medication, anesthesia and/or surgery. I understand that the clinic support personnel will be used as deemed necessary by the veterinarian. I have been informed that there can be adverse reactions to vaccinations and medications, which include, (but are not limited to): hives, fever, gastrointestinal upset, anaphylactic shock, breathing difficulty and/or collapse/death. Immediate veterinary care needs to be sought if any occur, or if the animal is otherwise acting abnormally.

I understand the risks and I understand that the veterinarians and clinic support personnel will do everything possible to reduce any risks. I will not hold Anderson Animal Shelter, the veterinarians, or any support personnel liable for any complications that may arise.

Owner/Agent Signature

Date

Owner/Agent Printed Name