

# Cypresswood Animal Clinic Spay/Neuter Consent Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Male / Female

Type of Procedure: \_\_\_\_\_

## Please initial accept/decline below next to each service

\_\_\_\_\_ I understand there will be an additional fee if my pet is in heat, pregnant or aggressive. \$30 max

**Rabies Vaccination \*REQUIRED\*** \_\_\_\_\_ Yes, my pet needs this \_\_\_\_\_ No, I brought proof of current Rabies

### All surgeries include a pre-anesthetic examination

Additional Services Requested (Additional fee listed for each service)

**Canine Core Vaccines:** Basic vaccine package includes a DHLPPC, Bordetella, intestinal parasite screening and a heartworm test.

The SuperDog package includes the Basic package as well as a Complete Blood Count and Chemistry panel sent to an outside laboratory.

#### Basic Package \$87.50

\_\_\_\_\_ I ACCEPT basic package

\_\_\_\_\_ I DECLINE basic package

#### SuperDog Package \$125

\_\_\_\_\_ I ACCEPT SuperDog

\_\_\_\_\_ I DECLINE SuperDog

#### I want ONLY the following:

\_\_\_\_\_ DHLPPC \$25 \_\_\_\_\_ Heartworm Test \$27.50  
\_\_\_\_\_ Bordetella \$15 \_\_\_\_\_ Intestinal Parasite Screening \$20

**Feline Core Vaccines:** Basic vaccine package includes the FVRCP – Felk which helps protect against upper respiratory viruses including Feline Leukemia and an intestinal parasite screening. The SuperCat package includes Basic package as well as a Complete Blood Count and Chemistry panel sent to an outside laboratory.

#### Basic Package \$50.00

\_\_\_\_\_ I ACCEPT basic package

\_\_\_\_\_ I DECLINE basic package

#### SuperCat Package \$99.25

\_\_\_\_\_ I ACCEPT SuperCat

\_\_\_\_\_ I DECLINE SuperCat

#### I want ONLY the following:

\_\_\_\_\_ FVRCP-Felk \$30 \_\_\_\_\_ Felk/FIV Test \$30  
\_\_\_\_\_ Intestinal Parasite Screening \$20

**Yearly Labwork (CBC/Chemistry Profile):** We recommend that bloodwork tests be performed yearly. These tests can help us detect anemia, dehydration, diabetes, kidney disease and liver disease. **(MANDATORY for all pets 7 years of age and older)** **Cost is \$110**

\_\_\_\_\_ I ACCEPT pre-anesthetic lab work

\_\_\_\_\_ I DECLINE pre-anesthetic lab work

**IV Catheter:** We recommend intravenous fluids during the surgery to maintain blood pressure and allow quick access to a direct vein in the event of an emergency. **(This service is MANDATORY for all pets 7 years of age and older)** **Cost is \$30**

\_\_\_\_\_ I ACCEPT an IV Catheter

\_\_\_\_\_ I DECLINE an IV catheter

**Microchip Identification:** We recommend that every pet that comes into our facility have a microchip placed. Microchips are a permanent form of identification in the event of your pet being lost or stolen. **Cost is \$35**

\_\_\_\_\_ I ACCEPT a microchip

\_\_\_\_\_ I DECLINE a microchip

**Extract deciduous (baby) teeth:** Occasionally pets will have retained deciduous teeth that will not fall out on their own. If these teeth are not removed they create overcrowding in the mouth which causes excess buildup of tartar and bacteria – it is **HIGHLY** recommended that these teeth be removed if they are present. **Cost is \$10 per tooth**

\_\_\_\_\_ I ACCEPT extraction of baby teeth if present

\_\_\_\_\_ I DECLINE extraction of baby teeth

**Harris County Pet License:** It is the law for all cats and dogs over 3 months of age living in unincorporated Harris County to have current rabies vaccinations and a Harris County Pet License. We will verify your address before we register your pet. **Cost is \$20 per year, per altered pet**

\_\_\_\_\_ I ACCEPT Pet License

\_\_\_\_\_ I DECLINE Pet License

\_\_\_\_\_ Nail Trim \$10 \_\_\_\_\_ Show Cut \$50 \_\_\_\_\_ E-Collar \$6-\$20 depending on size \_\_\_\_\_ **3 additional days of Pain Medications \$10**  
**Cats: 72 hour pain injection \$15**

**HAVE YOU EVER SEEN YOUR PET SUFFER FROM A SEIZURE?** YES NO Date of last seizure \_\_\_\_\_

I hereby authorize and direct the veterinarians of Cypresswood Animal Clinic to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my pet. The nature of the procedure(s) has/have been explained to me. I understand that there may be risk involved in some of these procedures, including DEATH. I agree to pay, IN FULL, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. All services MUST be paid for when your pet is released.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*Best number to reach me at today \_\_\_\_\_**

**\*\*PETS WILL BE READY TO BE PICKED UP AFTER 4:00PM UNLESS OTHERWISE INFORMED\*\***