

DATE: _____ **CONSENT FOR SPAY or NEUTER SURGERY** **Dixie Day Spay**

Last name _____ First Name _____

Address _____ City _____ Zip _____

Phone where we can reach you TODAY (____) _____ Alternate # _____

Animal's Name _____ **Circle one: Dog Cat** **Circle one: Male Female** **Age** _____

Breed or Breed mix _____ **Color** _____

Does your pet have any past or current health problems/known allergies/medications? _____

- * A Distemper combo vaccination is recommended for all dogs and cats.
- * Kennel cough (Bordatella) vaccinations are recommended for dogs that go to grooming parlors and/or are boarded.
- * It is recommended that all outdoor cats be tested for the Feline Leukemia Virus (FeLV) and the Feline Immunodeficiency Virus (FIV) as these are contagious and potentially fatal viruses.
- * Feline Leukemia Virus (FeLV) vaccinations are recommended for all outdoor cats.
- * Heartworm testing is recommended for all dogs 6 months of age and older as heartworms are potentially fatal.
- *Previously unvaccinated pets should receive a booster vaccine in 3-4 weeks. It may take up to 2 weeks for vaccinations to protect your animal.

SURGERY FEE FOR DOGS: CIRCLE FEE THAT APPLIES TO YOU: REGULAR \$50 with Donation \$60
SURGERY FEE FOR CATS: CIRCLE FEE THAT APPLIES TO YOU: REGULAR \$40 with Donation \$50

If your pet has received a Rabies vaccination before today what year was it given?. _____

Give my **DOG** the vaccines/services I have checked below: Give my **CAT** the vaccines/services I have checked below:

- | | |
|--|---|
| <input type="checkbox"/> Rabies Vaccine (\$10) 16 weeks & up | <input type="checkbox"/> Rabies Vaccine (\$10) 16 weeks & up |
| <input type="checkbox"/> DHPP - Canine Distemper / Parvo Vaccine (\$10) | <input type="checkbox"/> FVRCP Feline Distemper Vaccine (\$10) |
| <input type="checkbox"/> Kennel Cough (Bordatella) Vaccine (\$10) | <input type="checkbox"/> Feline Leukemia Vaccine (\$10) |
| <input type="checkbox"/> Heartworm Test (\$15) | <input type="checkbox"/> FeLV/FIV test (\$20) |
| <input type="checkbox"/> Advantage (<u>flea preventative</u> for cats & dogs) | <input type="checkbox"/> Advantix (Flea & Tick Preventative for dogs) |
| <input type="checkbox"/> Iverhart Plus (heartworm preventative for dogs) | <input type="checkbox"/> Sentinel Spectrum (heartworm pre. For dogs) |

MICROCHIP includes lifetime registration: \$ 20 Yes No (Circle One)

Initial after each paragraph!

I, being of legal age and acting as guardian or agent of the pet named above, hereby request and authorize Dixie Day Spay to perform sterilization surgery and administer requested tests and vaccinations through its veterinarians and assistants. I certify that this animal is in good health and has had no food after midnight prior to surgery. I understand that preoperative blood work which may detect organ dysfunction or disease will not be performed. Prophylactic antibiotics and pain medication will be given. _____

I understand that surgery as well as the use of anesthetics and drugs, including vaccinations and antibiotics, involves some risk which could result in adverse reactions, illness, or in extreme cases, death. I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, heat cycles and disease. I further understand that if my pet is pregnant the pregnancy will be terminated at surgery.

_____ If upon examination a condition is discovered which requires an additional surgical procedure, the attending veterinarian may perform such procedure at an additional charge and with the guardian's consent. I also understand the veterinarian may refuse to perform any procedure on any animal for any reason. _____

I have been given a copy of the Postoperative Instructions and agree to follow them. _____

I hereby release Dixie Day Spay, its employees, officers, directors, volunteers, technicians and veterinarians from any and all claims connected with the performance of these operations or procedures conducted at Dixie Day Spay, and I assume all risk. _____

Signature _____ Date _____