

Surgical Consent Form

4891 Tesla Drive, Unit C, Bowie, MD 20715 301- 825-9842

OWNER INFORMATION

NAME			IE			
ADDRESS						
CITY/ST						
PET INFORMATION PET NAME			_(Circle): DOG C	AT RAB	BIT	
BREED/C	COLOR		_AGESE>	<u> </u>	Weight	
		Date of Last heat/pregnancy?				
Any Medic	cal Concerns?					
Flea/Tick	Prevention:	Date Given:				
Heartworr	m Prevention:	Date Given:				
All pets will receive a small linear blue tattoo at or near the incision site to indicate they have been sterilized. Check requested services: OTHER:						
	Spay/Neuter Surgery(3 days PM TGH)	Laser Therapy(extra	pain management)\$2	0		
	Rabies Vaccine(1yr)(3yr)\$25	Ana	I Gland Expression \$3	5		
	Distemper Vaccine(Dhpp/FVRCP)\$25		E-Collar(cone) \$2	0		
	Leptospirosis Vaccine(Dogs Only)\$10		Nail Trim \$1	0		
	Bordetella Vaccine(Dogs Only)\$25	Topical	Flea Prevention \$15-3	0		
	4DX Heartworm Test(Dogs Only)\$45		Microchip \$5	0		
	FELV/FIV Test (Cats only)\$45	Ear Tip(Cats Only	r-required for Feral Pko	3)		
	Pre-Anesthetic Bloodwork \$85-125	Rear Dewcla	w Removal (Dogs only \$110 eac	· /		

By signing below I consent to surgery and agree to the following:

- I certify that my animal has no pre-existing health conditions that could impact the safety of the surgery.
- I understand that the veterinarian will only do a brief, pre-surgical exam and not a complete exam. And they cannot identify all conditions that could cause complications with anesthesia/surgery. Fractious pets may not be able to be examined.
- The above-named animal has not had any food since 10:00 pm last night, except for kittens/puppies under months of age and rabbits.
- I am aware that every surgical procedure carries an inherent risk including death and that no guarantee regarding the outcome has been given to me.
- A complete physical exam and pre-anesthetic bloodwork is strongly suggested for my pet prior to surgery. (Bloodwork is mandatory for pets 7 years or older). Bloodwork must be done within 30 days of surgery.
- I am aware of the possibility of complications and agree to take my pet to the emergency veterinary hospital and be financially responsible for subsequent treatment.
- I understand that if my pet is pregnant, the pregnancy will be terminated at the time of surgery. I understand that pregnancy, cryptorchidism, overweight and other factors may incur additional charges.
- I understand that some factors increase surgical risk, including but not limited to pregnancy, estrus(heat), brachycephalic breeds, and diseases such as Heartworm, FIV, Feline Leukemia, and upper respiratory infections.
- I understand the Bowie Spay & Neuter has the right to refuse service to any animal for whom surgery is deemed a serious health risk, or at the veterinarian's discretion.
- I agree that pet pick up is by 4 pm the day of the surgery. A minimum late pick-up fee of \$25 may be charged starting at 4 pm.
- If I fail to claim my pet at the agreed upon time it will be considered abandoned and will be surrendered to Animal Control.
- If fleas are found on my pet, a flea treatment will be administered at my expense (\$15-\$30 additional)
- I understand that all pets will receive a blue tattoo at the incision site or on the abdomen to indicate they have been sterilized.
- Photos of your pet(s) may be used in promotional and/or educational materials in print and/or digital media

-	I am the owner/agent of the above-described pet and have the authority to and cand waive all claims or damages against Bowie Spay & Neuter, any of its officers	do hereby consent to and authorize surgery
Signatu	re:	_Date: