



OWNER INFORMATION

NAME _____ PHONE _____

ADDRESS _____ PHONE _____

CITY/ST _____ ZIP _____ EMAIL _____

PET INFORMATION

PET NAME _____ (Circle): DOG CAT RABBIT

BREED/COLOR _____ AGE _____ SEX _____ Weight _____

Time of last meal? _____ Date of Last heat/pregnancy? _____

Any Medical Concerns? _____

Flea/Tick Prevention: _____ Date Given: _____

Heartworm Prevention: _____ Date Given: _____

Check requested services:

OTHER:

<input type="checkbox"/>	Spay/Neuter Surgery(3 days PM TGH)	Laser Therapy(extra pain management)\$20	<input type="checkbox"/>
<input type="checkbox"/>	Rabies Vaccine(1yr)(3yr)\$25	Anal Gland Expression \$30	<input type="checkbox"/>
<input type="checkbox"/>	Distemper Vaccine(Dhpp/FVRCP)\$25	E-Collar \$20	<input type="checkbox"/>
<input type="checkbox"/>	Leptospirosis Vaccine(Dogs Only)\$10	Nail Trim \$10	<input type="checkbox"/>
<input type="checkbox"/>	Bordetella Vaccine(Dogs Only)\$25	Topical Flea Prevention \$15-30	<input type="checkbox"/>
<input type="checkbox"/>	4DX Heartworm Test(Dogs Only)\$45	Microchip \$50	<input type="checkbox"/>
<input type="checkbox"/>	FELV/FIV Test (Cats only)\$45	Ear Tip(Cats Only-required for Feral Pkg)	<input type="checkbox"/>
<input type="checkbox"/>	Pre-Anesthetic Bloodwork \$85-125	Rear Dewclaw Removal (Dogs only) \$100 each	<input type="checkbox"/>

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.
- The above-named animal has not had any food since 10:00 pm last night, except for kittens/puppies under 5 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 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 do hereby consent to and authorize surgery and waive all claims or damages against Bowie Spay & Neuter, any of its officers, employees, volunteers or contractors.

Signature: _____ Date: _____