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The Peaceful Paws Mobile Spay and Neuter

5818 Poole Rd. Archdale, NC 27263
thepeacefulpawsvet.com

☐ **FERAL**
Includes Ear Tip and Rabies Vaccine

Anesthesia & Surgical Consent Form

Main Reason for Admittance: **Surgical Sterilization**

Date:		**Owner Name:**	
Address:		**Phone Number:**	
		Weight:	lb
Species:	**Feline**	**Breed:**	
Pet Name:		**Color:**	
Date of Birth:		**Gender:**	**Male Female**

I hereby authorize the Veterinarians of The Peaceful Paws Mobile Spay and Neuter, it's staff members, volunteers or agents to perform the procedures listed above for my **pet, _____**. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. While we take the necessary steps to minimize risk, every surgical procedure carries with it some inherent risks associated with sedation, anesthesia, and the surgery itself, and this may include death. I do understand the associated risks and do consent to have the above listed procedure performed by the veterinarian and support staff that this hospital deems necessary. I understand that modern techniques and anesthesia will be used. The Peaceful Paws Mobile Spay and Neuter and it's staff, volunteers and agents will not be held liable or responsible in any manner and I assume all risks. I further understand that so long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, the sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform a procedure for any reason. I understand that my pet will receive a permanent tattoo indicating sterilization.

Initial _____

Check one:

[ ] **DNR:** I DO NOT wish the staff to perform CPR on my pet. I understand that if my pet suffers from cardiac arrest, respiratory arrest, collapse, or unconsciousness if CPR is not performed, my pet will pass away.

[ ] **CPR:** I wish the staff to perform resuscitation (CPR) on my pet if he or she suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness. I accept that if the hospital staff is unable to reach me within 20 minutes after the initial CPR procedure, and after exercising reasonable medical judgement on my pet's status, the staff will cease further CPR procedures. I do accept medical charges that occur with the CPR procedures and will pay the total bill when I pick my pet up, even in the unfortunate event that he or she is not able to be saved.

The Peaceful Paws Mobile Spay and Neuter recommends that pre-anesthetic blood tests be performed prior to the administration of anesthesia. I understand that The Peaceful Paws Mobile Spay and Neuter does not offer these services. These tests can help detect anemia, dehydration, diabetes, kidney disease and liver disease. All these conditions can contribute to complications in anesthesia and surgery. I have chosen not to visit another clinic to have these services performed. I am responsible for providing any and all prior and current medical information at the time of check-in to ensure my pet's safety under anesthesia in surgery.

Initial _____

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 in full when my pet is released. The basic surgical fee and fees for any additional services are due in cash or card at the time of pickup.** **Initial _____**

I agree to pick up my animal by the time designated as the discharge time on the date of surgery. Failure to pick up my pet by that time will result in late fees and/or boarding charges. Initial _____

Exam: I do understand that a **full physical examination WILL NOT** be performed on my pet, and I do certify that he or she does not have any known medical issues and is an apparently healthy pet.

***** Please let us know if your pet has been diagnosed with any medical issues*****

This information is very important for the health and wellbeing of your pet.

Vaccines: I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with the performance of, this surgical procedure. I understand that it takes up to two weeks for vaccines to protect my animal. I certify that my animal has been vaccinated within one year prior to today's date, waive my right to protect my animal by having it vaccinated, or request the recommended vaccines at the time of surgery. (Recommended vaccines are on a separate page.)
I understand that vaccines given at the same time as anesthesia can cause adverse reactions in some animals and my pet will not be fully protected from these diseases if given the same day as the procedure.

Medical History:

- When was the last time you fed your pet? _____
- Within the last two weeks, has your pet exhibited:
  ___Vomiting ___Sneezing ___Coughing ___Diarrhea ____ None
- Has your pet ever had a seizure? (Check One) ___Yes ___No If yes, when?
- If female, has your pet ever given birth? (Check One) ___Yes ___No ___Unknown
- If female, is your animal pregnant? ___Yes ___No ___Unknown
  Did she have a C-section? ___ Yes ___No
- If female, when was your pet's last heat cycle?
- List any and all health problems that you are aware of, including any history of illness or injury (such as being hit by a car):
- Has your pet ever been seen by a veterinarian? (Check One) ___Yes ___No ___Unknown
- Has your pet ever had any vaccines? ___Yes ___No ___Unknown
- Has your pet ever had a reaction to any vaccines or medications?___Yes ___No ___Unknown
- In the last two weeks, has your pet bitten anyone? ___Yes ___No ___Unknown
- How long have you owned this pet?
- Is he/she on heartworm prevention? (Check One) ___Yes ___No If Yes, what kind?
- Where does your pet live (circle one) Indoor only, Outdoor Only, Indoor/Outdoor
- List all medications that your pet is taking (including supplements and CBD products)

I have read and understand this authorization form and give my consent.

_____ _____

Signature or Owner Date

I would like The Peaceful Paws Mobile Spay and Neuter to provide the following services:

		Initial to add to visit:
Feline Spay/Neuter (includes injectable pain meds) **Feral Spay/Neuter** $115	$105	
Umbilical hernia	$50	
Anti-nausea injection (Cerenia)	$25	_____
Distemper (**FVRCP**)	$18	_____
Leukemia vaccine with **FeLv/FIV test**	$50	_____
Rabies vaccine - Required without proof of vaccination at time of surgery	$15	_____
FeLv/FIV test	$30	_____
ParaDefense Application (fleas only - 1 month duration)	$25	_____
Profender (Topical dewormer)	$25	_____
Microchip Implant (Free lifetime regestration)	$30	_____
Trazodone (**Calming** Medication to go home)	$10	_____
Nail Trim (Indoor only)	$15	_____
Removal of **baby teeth** ($10/tooth)		_____
Surgical **recovery suit** (females)	$20	_____
Cardboard Carrier	$10	_____
Soft E-collar	$20	_____
Hard E-collar	$10	_____
Ear Mite Treatment	$15	_____

For Office Use Only
☐ UTD
☐ UTD

***Pretty Kitty Care Package* - $100** (Savings of $45)

Leukemia/AIDS test, Leukemia vaccine, ParaDefense application (fleas), Profender application (dewormer), Microchip, Ear Mite Treatment	$100	_____

Total $

Paid by: □ **Cash** □**CC** _____ **Staff Initials** _____

Voucher: □**CARE** □**DAPS** □**SNIP**

If your pet has any of the conditions found below, YOU WILL BE RESPONSIBLE for the additional fees at the time of pick-up:
Fleas (Capstar - last 24 hours, a monthly product will also be needed **($15)**
Skin Infection (Pyoderma; Antibiotic - fee based on body weight **($8-32)**
In **heat**, **overweight**, or **pregnant** **($30-75)**
Fluids, under the skin if pregnant **($20-$50)** **Tapeworms ($25)**
Cryptorchid depending on the location of the testicle(s) **$50-100**

_____
(Initial for understanding)