



Capital Area Humane Society
 Spay Neuter Clinic
 5919 S. Cedar St
 Lansing MI 48911

Surgery Consent

Pet's Name: _____ Age: _____

Dog or Cat? Breed: _____ Sex: _____ Color: _____
 (Please circle one.)

What time did your pet last eat and drink? _____ am/pm

Surgery Date: _____ Owner's Name: _____ Number you can be reached today? _____

Address: _____ City, State, Zip: _____ Home Phone: _____

Email Address: _____ **I want to help support the CAHS! Please add \$ _____ to my bill!**

All Pets

- Has your pet ever had an allergic reaction to a vaccination or medication? YES NO Explain: _____
- Is your pet currently taking any medications? (Aspirin, allergy meds, etc) YES NO Explain: _____
- Has your pet ever had a seizure? YES NO
- What illness has your pet had in the past 2 weeks? Coughing Sneezing Vomiting Diarrhea Weight loss Loss of appetite None Other: _____
- Is there anything that we should know about your pet's medical history? _____
- It is **required** that your pet is current on their rabies vaccination, proof is required. Will we be vaccinating your pet for **rabies** today? **\$10.00** YES NO
- Microchipping is permanent identification that is placed just underneath your pet's skin between their shoulder blades. The microchip connects your contact information to your pet and is very beneficial in returning lost pets to their owners. Would you like your pet **microchipped** today? **\$25.00** YES NO
- Your pet will receive a pain injection that will last for 24 hours. We recommend additional take home meds to help control pain and swelling. Would you like your pet to take home **additional pain control today?** **Cats \$5 Dogs \$10** YES NO
- It is recommended that your pet has an e-collar to prevent licking/chewing at their incision site. Would you like to buy an **e-collar?** **\$10.00** YES NO
- Blood work is an important step for any pet undergoing anesthesia. Animals are very capable of hiding illness and can suffer from disease without showing any outward signs. A blood panel checks for pre-existing liver disease, kidney disease, anemia, infection and other conditions. Testing is **STRONGLY** recommended for pets over the age of 7 years. We would need to draw a blood sample from your pet approximately a week before surgery is scheduled as it is sent to an outside lab.
Charge \$40 YES Tests were submitted on _____ NO, I understand the risks and waive my option to have preoperative blood work done.

*If you still want blood work on the day of surgery we get results in 2-3 business days. Ideally your pet should be 1yr or older. **Charge \$40** YES NO

Cat Owners

- We recommend that your cat be vaccinated against common diseases that are transmitted between cats. Would you like for your cat to receive a **FVRCP** vaccine today? **\$15.00** YES NO
- It is recommended that all cats be tested for **FeLV/FIV** if their status is unknown. Would you like your cat tested today? **\$25.00** YES NO

Dog Owners

- We recommend that your dog be vaccinated against common diseases that are transmitted between dogs. Would you like for your dog to receive ... **DHLPP \$15.00** YES NO **Bordetella \$15.00** YES NO
- It is **STRONGLY** recommended that all dogs be tested for heartworms. These are transferred by mosquitos and infect the dog's heart and lungs. Dogs that are positive for heartworms are at a **greater risk for complications while undergoing anesthesia**. Can we **heartworm test** your dog today? **\$15.00** YES NO

****We also offer low cost preventative (both heartworm and flea/tick)! Ask the receptionist or technician about pricing****

Important! It's required that you read, initial and sign

_____ I will pay a **fee of \$25.00** per night if my pet isn't picked up on the day designated. I acknowledge that any animal that is left overnight will **NOT** be attended to or cared for overnight. I also understand that any pet left for 72 hours or more will be considered abandoned.

_____ If fleas are found on your pet at any time during his/her surgical visit, **a mandatory fee of \$7.00** will be applied to your bill for the administration of a dose of Capstar® a 24 hour flea control. *Monthly flea preventative is still recommended.*

_____ If an animal vomits under the effects of anesthesia we will give an anti-emetic called Cerenia for the safety of your pet. **Charge is \$15.**

_____ I understand that in case of a post-op emergency or complication, or if my pet damages or removes the surgical sutures, it will be my responsibility to take my pet back to the Capital Area Humane Society Spay/Neuter Clinic during normal business hours or to my private veterinarian if after hours. I will assume responsibility of all charges incurred.

_____ I understand that my pet will receive a **small tattoo** on their underside to show that they have been sterilized.

_____ I understand that **extra charges** at the doctor's discretion apply for pets with hernias, undescended testicles, in heat or pyometra surgeries.

_____ I understand that pets over 70# are subject to an additional anesthetic fee. Males-\$25 Females-\$45

_____ I understand an animal found to be pregnant during her surgery will have her pregnancy terminated and charged at the doctor's discretion.

_____ I understand if my cat is getting the Feral Package pricing, they will receive an ear tip which is the removal of the left tip of my cat's ear.

I hereby authorize the surgical sterilization of the aforementioned animal.

To my knowledge the above animal is in good health. I acknowledge the fact that all pre- and post-operative care is my responsibility. I am at least 18 years of age and the owner of the above animal or am responsible for it and have the authority to execute this consent. I hereby also authorize the use of such anesthetics as you deem advisable and the performance of such surgical or therapeutic procedures as you determine necessary. I understand that **some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns** I have about those risks with the attending veterinarian before the procedure(s) are initiated. My signature on this form indicates that I understand additional charges may apply and any questions I have regarding these issues have been answered to my satisfaction. I agree to indemnify and hold harmless the Capital Area Humane Society Spay/Neuter Clinic and the attending veterinarians from and against any and all liability arising out of the performance of all procedures referred to above. The Capital Area Humane Society Spay/Neuter Clinic is a low-cost service center. The clinic supplies low-cost services to those qualified for assistance programs. By signing this document I certify that I cannot afford or choose not to use the services of a private veterinarian at this time.

Pet Owners Signature: _____ **Date:** _____