

Animal Medical Center
Spay or Neuter Consent Form

Owners Name: _____ **Pet Name:** _____

Primary Contact _____ Alternate Contact _____

Food/Medication:

Last time fed: _____ am/pm Last time medicated: _____ am/pm

Name of medication(s): _____

Any known allergies to medication(s): _____

Procedure:

Mark below any procedure you pet will have done today. If you pet is having a tumor removal notate location.

☐ Dental Cleaning ☒ Spay/ Neuter ☐ Specialty Procedure ☐ Lump Removal:

All items listed below are in **ADDITION** to the base price for surgical procedure: All procedures include the highest quality of care including; examination with the doctor before the surgery, human grade anesthetics and anesthesia monitoring, alongside intravenous fluid therapy before and after the procedure to help maintain critical body function.

2) Sevoflurane: (\$101)

This is a shorter acting anesthetic which enables us to stabilize the patient faster after the procedure. In general we use an anesthetic called Isoflurane both are human grade anesthetics and are safe for pets, although Sevoflurane is safer to use and is recommended for senior pets.

☐ Use Sevoflurane ☐ Do not use Sevoflurane ☐ Dr.'s Choice

3) K-Laser Post-Surgical Therapy Laser (\$26)

During a painless treatment, laser energy increases circulation, drawing water, oxygen, and nutrients to the damaged tissue. This creates an optimal healing enviroment that reduces inflammation, swelling, and pain.

☐ I want K-Laser ☐ No K-Laser ☐ Dr.'s Choice

Additional Services: (leave blank to decline options)

☐ Vaccines ☐ AVID Microchip (\$49.50) ☐ Ear Cleaning (\$45)
☐ Nail Trim (\$26) ☐ Anal Glands (\$25)

For all procedures, please read and sign below:

I, the undersigned, do hereby certify that I am the owner or authorized agent for the owner of the animal named above. I do hereby give AMC, their agents, employees and representatives full and complete authority to perform the medical/surgical procedure and associated anesthesia for the procedure(s) stated above.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

Signature of owner/responsible agent (must be over 18)

Date