

# Temperance Hill Animal Hospital Spay/Neuter Consent Form

Owner Name		Date of Surgery
Cell Phone	Email	

Patient Name	Species	Sex
Age	Breed	

Does your pet have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)? If yes, please describe: \_\_\_\_\_

Is your pet taking any daily medications? If yes, please describe: \_\_\_\_\_

<p><b>Add Additional Canine Vaccines &amp; Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Heartworm only test \$33</li> <li><input type="checkbox"/> Heartworm/4dx test (includes test for tick borne diseases) \$55</li> <li><input type="checkbox"/> Intestinal Parasite Test \$25</li> <li><input type="checkbox"/> Bordetella \$25.00</li> <li><input type="checkbox"/> Distemper/Parvo/Leptospirosis \$32.50</li> <li><input type="checkbox"/> One-Year Rabies \$21</li> <li><input type="checkbox"/> Three-Year Rabies \$35 (only available if one-year vaccine has previously been administered)</li> <li><input type="checkbox"/> Heartworm Prevention (prices vary by weight)</li> <li><input type="checkbox"/> Flea/Tick Control (prices vary by weight)</li> <li><input type="checkbox"/> Microchip \$45</li> </ul> <p>Total Cost of Elective Services/Product: _____</p>	<p><b>Add Additional Feline Vaccines &amp; Service</b></p> <p><b>Spay</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> FELV/FIV Test (Feline Leukemia &amp; AIDS test) \$60</li> <li><input type="checkbox"/> FELV Vaccine \$35</li> <li><input type="checkbox"/> Intestinal Parasite Test \$25</li> <li><input type="checkbox"/> FVRCP (Feline Upper Respiratory Viruses) \$24.50</li> <li><input type="checkbox"/> One-Year Rabies \$21</li> <li><input type="checkbox"/> Three-Year Rabies \$35 (only available if one-year vaccine has previously been administered)</li> <li><input type="checkbox"/> Flea/Tick/Intestinal Parasite Control (prices vary by weight)</li> <li><input type="checkbox"/> Microchip \$45</li> </ul> <p><b>Neuter</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-Anesthetic Bloodwork \$90</li> <li><input type="checkbox"/> IV Catheter/Fluids \$50</li> </ul> <p>Total Cost of Elective Services/Product: _____</p>
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**There is an additional charge if your canine or feline is in heat or pregnant on the day of the surgery.**

**Canine under 35 lbs. add \$30**  
**over 35 lbs. add \$50**

**Feline add \$20**

**Consent:**

I hereby consent and authorize Temperance Hill Animal Hospital to receive, prescribe for, treat, and/or operate on my pet. I understand that my animal will be given flea/tick control if seen on the animal at a minimum cost of \$7.00. I understand that every precaution will be taken, but all risk regarding restraint, anesthesia, surgery, and care of the animal, etc. are hereby assumed by the owner and/or undersigned. I understand that all fees must be paid before the animal is removed from the hospital. I have read and agree to the above statements.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_