

CANINE Anesthesia & Surgery Authorization

Your Name: _____

Address: _____

Dog's Name: _____

City/Zip: _____

Male Female Color _____

Home Phone: _____

Breed: _____

Cell Phone: _____

Pet's Birthdate or Age: _____

Email: _____

Has your dog eaten this morning? No Yes

Has your dog ever seen a Veterinarian? No Yes

Any signs of illness recently? No Yes

Eating and drinking normally? No Yes

Any past or present medical problems? No Yes – explain _____

Is your dog up to date on vaccinations? No Yes **If no**, you are responsible for any contagious illness which may occur during your pet's stay here, including kennel cough. Vaccines can be given today.

How did you hear about us? _____

Check here to add today:

Nail Trim \$7

Vaccinations _____

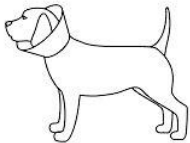
Heartworm Test \$30

Flea Control _____

Microchip \$40

Other _____

← Safety Collar \$9-\$16 **Recommended to prevent pulling out the sutures**



Carefully read and understand the following before signing your name.

I, acting as owner or agent of pet named above, authorize Pro Pet Fix to perform an operation for surgical sterilization of the pet named above. Although every effort is made to make this procedure as safe as possible, there are inherent risks with anesthesia and surgery that may include the possibility of death.

Please follow up with us for any post-operative concerns. Services provided by other veterinarians will not be reimbursed under any circumstances.

I understand that these additional charges may apply:

_____ **Dogs in heat: \$20 - \$40 additional (determined by Veterinarian)**

_____ **Overweight female charge: \$40 additional (determined by Veterinarian)**

_____ **Pets not picked up by closing: \$20 late fee**

_____ **Pets left overnight: \$40 fee**

There is no staff on the premises overnight. **Payment must be made before your dog can be released.** Animals left longer than 3 days will be deemed abandoned and surrendered to animal control.

I hereby release Pro Pet Fix, all veterinarians, assistants, volunteers, and employees from any and all claims arising out of or connected with this procedure or any adverse reactions from vaccinations or medications. I agree to indemnify and hold

Pro Pet Fix harmless for any damages caused during the care/transport of the animal, or for any damages caused by unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters.

Signature _____

Date _____

Print Name _____

FOR CLINIC USE	WEIGHED BY		Weight:	CHECKED IN BY	
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