

LOW COST SPAY / NEUTER ADMITTING & CONSENT FORM

St. Bethlehem Animal Clinic, 400A Warfield Blvd. Ct., Clarksville, TN 37043 (931-645-4111)

OWNER _____ PET'S NAME _____ SEX ___ AGE _____
BREED _____ COLOR _____ PHONE # _____

PET HISTORY

Yes No

- Current Rabies vaccination provided. (Rabies must be given if certificate within 1 year not provided)
 Is your pet on heartworm preventive?
 Has the pet been checked for intestinal parasites in the last 6 months?
 Did your pet eat this morning?
 Is your pet allergic to any drugs?
 Pet is not a high risk breed or age that would require gas anesthesia. (*RW Discuss Risk if High Risk)
 Has your pet had any illness or injury in the past 30 days?
 Any history of seizures and/or previous anesthetic problems?
 Current medications? _____

Pre-Op Exam: Temp: _____ Weight: _____ (Max. 60#)

<u>N</u>	<u>Abnormal</u>	<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/> Ears	<input type="checkbox"/>	<input type="checkbox"/> Fleas Present?
<input type="checkbox"/>	<input type="checkbox"/> Teeth	<input type="checkbox"/>	<input type="checkbox"/> Males: 2 Testicles Present In Scrotum?
<input type="checkbox"/>	<input type="checkbox"/> Skin	<input type="checkbox"/>	<input type="checkbox"/> Umbilical Hernia Present?
<input type="checkbox"/>	<input type="checkbox"/> Toe Nails	<input type="checkbox"/>	<input type="checkbox"/> Deciduous ("Baby") Teeth Present?

Procedure To Be Performed: (SPAY) (NEUTER)

Admitting Nurse Initials: _____

I, the undersigned owner, or owner's agent, of the pet identified above, certify that I am over **eighteen** years of age, and hereby authorize & consent for the hospitalization, examination, medication, treatment, anesthesia, and spay/neuter surgery of the dog or cat by staff veterinarian(s) at the ST. BETHLEHEM ANIMAL CLINIC. You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that some risks always exist but is not limited to all medications, vaccines, anesthesia and/or surgery including unknown physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections. I agree to hold The St. Bethlehem Animal Clinic, its owners, and all employees harmless and free of any liability whatsoever in connection with these procedures risks in the absence of negligence. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet.

I understand that the basic low-cost spay/neuter procedure is primarily intended for those with very limited financial sources and that the basic fee includes general anesthesia (injectable only), surgical prepping, surgical procedure itself, pain control during the procedure itself only, antibiotic injection, and the suture removal required in 10 days. I have been offered the additional optional services at additional costs listed on the back of this form and have initialed any and all additional services I hereby request and will pay for at the time the pet is admitted for surgery.

The total charges for (SPAY) (NEUTER) is \$_____ and this fee and all fees for other requested services must be paid in cash at the time of admittance BEFORE surgery. *Should some unexpected life-saving emergency care be required the ST. BETHLEHEM ANIMAL CLINIC staff has my permission to provide such treatment and I agree to pay for such additional care at the time of dismissal from the hospital.* I further agree that I, or an authorized agent of mine, will pick up my pet the same day as surgery before regular closing time of the practice. In the event my pet is not picked up the day of the procedure I will be charged additional boarding fees until the pet is picked up. In the event of an open fee balance due, I agree to pay a monthly billing and a financing fee equal to 1.5% (18%/year) of the unpaid balance. I agree that if I fail to comply with this policy the ST. BETHLEHEM ANIMAL CLINIC may handle this as a pet abandonment in the best interests of the clinic and state law.

Signature of Owner or Agent at least 18 years of age

Date

Admitting Staff Member

Address

PHONE NUMBER WHERE CAN BE REACHED TODAY!

**ELECTIVE PROCEDURES THAT MAY BE SELECTED
AT THE TIME OF THE SPAY/NEUTER PROCEDURE
AT ADDITIONAL COST PAYABLE BEFORE THE PROCEDURE IS DONE**

- Absorbable Skin Sutures eliminating return visit for suture removal (\$14)
- Injection For Post-Surgical Pain (\$22.45)
- Oral Pain Medication For Home Use (\$18.65)
- Head Restraint Collar To Prevent Chewing At Incision Site (\$12-14)
- Vaccinations
 - Rabies Vaccination (\$16) (If no Rabies Certificate presented at admission within 1 year)
 - Distemper / Parvo Vaccination (Dogs) (\$21.50)
 - Bordetella Bronchitis Vaccination (Dogs) (\$22.80)
 - Distemper / Respiratory Vaccination (Cats) (\$23.83)
- Worm Check (\$19.50)
- Heartworm Test (\$31.50)
- Deworming (Variable Cost Depending Up Type Parasite Found On Worm Test)
- Microchip Identification (Home Again) (\$62.75)
- Cat Declawing (2 Front Feet) (\$85)
- Toe Nail Trim (\$9)