



Morgantown Veterinary Care

149 North Main St.
Morgantown, WV 26505
(304) 599-3111
www.morgantownvetcare.com

Surgery/Anesthesia Request and Consent Form - SNAP Vouchers

Date: _____ Phone Number: _____

Client Name: _____ Patient Name: _____

Procedure/Operation: ☐ Cat Neuter ☐ Cat Spay ☐ Dog Neuter ☐ Dog Spay ☐ Rabbit Neuter ☐ Rabbit Spay ☐ Rabies

Additional Services (if needed): _____

Pet Belongings (ie leash/collar/carrier): _____

Type of Voucher: ☐ MSNAP ☐ Humane Society ☐ Animal Friends ☐ Other: _____

Please Read Carefully and Sign Below

☐ I authorize and direct the Veterinarian(s) and/or staff of Morgantown Veterinary Care to perform the above procedures and additional diagnostic and/or treatments as deemed advisable or necessary. ☐ I understand that during the performance of the procedure/operation, unforeseen conditions may arise that necessitate additional or different procedure(s), operation(s), or treatment(s) than those set forth here. Therefore, I authorize the doctor, his/her agents or staff in an emergency situation to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis regardless of the additional cost which I understand cannot be estimated or calculated at this time.

☐ I understand that I assume all financial responsibility for all services rendered and for the cost of any inventory utilized during this emergency procedure. **All efforts will be made to reach you prior to the administration of any non-life threatening treatments prior to them being performed.** ☐ I agree to pay in full at the time of service for all services rendered that are not covered by the voucher, including those deemed necessary for medical or surgical complication or unforeseen circumstances. The estimate of charges for presently planned procedures is only an approximation, and the final bill may be greater or less than that amount. ☐ I understand that the SNAP voucher program only covers the cost of the spay or neuter surgery and the cost of the rabies vaccine. I understand that any charges above those covered by the SNAP voucher are my responsibility.

☐ I understand that patients who undergo general anesthesia may need hair shaved and/or nails trimmed at no additional charge as deemed necessary.

☐ The nature of the procedure/operation has been satisfactorily explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures.

Account Number _____ Voucher Number/Expiration Date: _____ Receptionist: _____

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Pre-Anesthetic Blood Testing:

Abnormalities of the liver, kidneys, and blood may increase the anesthetic risk for your pet. For these reasons, we highly recommend pre-anesthetic blood testing for those with pre-existing medical conditions or those 7 years of age or older. I understand if an estimate has been given, the estimate overrides the above options. The cost of the pre-anesthetic blood testing is \$57.00.

I hereby **ACCEPT** () or **DECLINE** () this test.

Pain Management Injection:

Pain management in the form of an injectable medication is highly recommended after surgery. The injection lasts for 24 hours post-surgery, and helps to reduce inflammation and pain. The costs for this pain management is as follows:

☐ **Cat:** \$17.20 ☐ **Dog 1-10lbs:** \$14.10 ☐ **11-25lbs:** \$19.60 ☐ **26-40lbs:** \$24.60 ☐ **41-60lbs:** \$33.70 ☐ **61lbs and up:** \$39.60

I understand that this is a major surgical procedure and my pet may have lingering pain post-surgery. I understand that the SNAP vouchers do not cover any medications or pain relief not included in the general anesthesia.

I hereby **ACCEPT** () or **DECLINE** () this option.

IV Catheter:

The IV Catheter aids in rapid administration of emergency medication and/or fluids should an emergency situation develop. The cost is \$22.00. I hereby **ACCEPT** () or **DECLINE** () this option.

Fleas and Ticks Policy:

I understand that my animal **WILL BE** treated for fleas and/or ticks **IF** any are discovered. The appropriate treatment will be administered. Treatments range from \$14.20 to \$28.36 depending on size and species of the pet. **Initial** _____

I have read and understood the above statements.

Signature of Owner or Responsible Party _____ Date: _____

Please Print Name: _____

Account Number _____ Voucher Number/Expiration Date: _____ Receptionist: _____