

Date: \_\_\_\_\_

Receptionist \_\_\_\_\_

**Purr-Fix Thursday Procedure Consent Form**

Owner: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Pets name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

As the owner or agent of the above animal, I hereby give my Consent to Dr. Koch/ Dr. Stigge/ Dr. Betsy Koch Dr. Bell to perform the following procedures:

1. **Cat Spay \$50 Y / N, Declaw (Front Feet Only) \$45.00 Y / N**

2. **Rabies \$ 12.00 Y / N, FVRCP \$11.00 Y / N,**

**Leukemia \$ 16.00 Y / N, FIV \$16.00 Y / N,**

**Combo-Deworm \$10.00 Y / N, Take Home Pain Meds \$24.00 Y / N**

**Microchip includes Registration \$42.00 Y / N**

3. **Pick Up ( please circle) Today \_\_\_\_\_ Tomorrow \_\_\_\_\_**

I understand that during the performance of this procedure, unforeseen condition may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Dr. Koch/Dr. Stigge/Dr. Betsy Koch/Dr Bell to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and the risks involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal. I certify that I am financially responsible for this account. Antibiotics may be prescribed at the doctor's discretion.

Signature of Owner/Agent: \_\_\_\_\_

**Laboratory Test Waiver**

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with low rate of complications. Nevertheless, occasional problems can arise, due to pre-existing conditions not evident during routine pre-anesthetic examinations. To avoid these problems, we recommend that all of these cases be screened prior to anesthesia by means of the following laboratory tests. These tests will be performed **(and you will be charged for them)** unless you refuse them by initialing them and signing below.

**Initial for Refusal:**

\_\_\_\_\_ a) Kidney and Liver Test Function Evaluation Test-----\$45.00

\_\_\_\_\_ b) Leukemia/FIV Test (Combo test for cats not vaccinated)-----\$30.00

**I do not want the above initialized tests performed prior to anesthesia on my pet.**

Signature of Owner /Agent: \_\_\_\_\_ Date: \_\_\_\_\_