

Friends of Animals Spay/Neuter Consent Form
Southport Veterinary Center
2131 Post Road
Fairfield Ct 06824

Date:

Client's Name:

Patient's Name:

Client's Address:

Procedure: _____

How would you like to be updated: Email Text Message Phone Call

Today's Telephone Number or Email Address: _____

I am the owner, or the designated representative for the owner, of the above named pet. I authorize Southport Veterinary Center to administer anesthetics and/or tranquilizers to perform my pet's spay or neuter. I understand there are potential risks when using anesthetics and/or performing surgery and that no results can be guaranteed. Pre-surgical blood work is recommended to find any existing abnormalities. If I cannot be reached at the numbers above, I authorize the veterinarian to do what, in their judgement, is in the best interest of my pet. I understand that there is not an attendant on duty after business hours.

What medication is your pet on, when was the last dose? _____

When was the last time your pet consumed a meal? _____

Yes or No - Presurgical Blood work. \$65

Yes or No - Elizabethan Collar (the cone). Range \$12-\$25 depending on size

Yes or No - Pain Medication \$60 or under.

Yes or No- Microchip/registration \$90

Signature of Owner or Agent: {CLIENTSIGNATURE}