

SOUTHPORT VETERINARY CENTER

Procedure Consent Form Spay/Neuter

Please fill out the highlighted portions

Owner Name: {FULLNAME} **Pet Name:** {NAME} **Date:**
{CURRENTDATE[SHORT]}

***Procedure:** _____

***Today's Telephone Number or Email Address:** _____

***Last time my pet ate:** _____

***Medications my Pet is currently on and last given**

*If fleas are found I authorize Southport Vet Center to treat my pet with Bravecto (flea and tick medication) for an additional charge of \$85 or more, depending on my pet's weight:

*I would like to be notified if charges exceed 15% of the signed estimate.

*In addition to the estimated procedure I authorize the following elective procedures while my pet is under anesthesia.

YES NO – MICROCHIP – A universal Permanent I.D. placed under the skin to increase
The chance of recovery if lost. \$90.00.

*Any additional info you would like to relay to Dr?

*I agree to allow images of my pet to be used on website/social media of Southport Veterinary Center YES NO

*I have read and understand the estimate given to me for the above procedure

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 the above listed procedures, including appropriate medications, to my pet. I understand there are potential risks when using anesthetics and /or performing surgery and that no results can be guaranteed. The appropriate pre-anesthetic blood work will be performed on your pet before anesthesia is administered.

If I cannot be reached at the numbers listed above, I authorize the veterinarian to do what, in her judgment, is in the best interest of my pet. I understand that there is not an attendant on duty after business hours

***I agree to pay in full all fees for services performed at the time they are rendered.**

SIGNATURE OF OWNER / AGENT: {CLIENTSIGNATURE}