Animal Medical Services P.C. T.C. Butler DVM E.L. Brown DVM 2918 Mt. Vernon Avenue, Evansville, IN 47712
(812) 423-2000 fax (812) 423-2645 www.amsvet.com

Surgery Consent Feline

Date : Owner Name: Pet Name :

As Owner/Agent of Owner of the above named pet, I hereby give my consent to the staff and doctors of Animal Medical Services to perform the following services:

☐ Spay ☐ Neuter ☐ Declaw 2

☐ Declaw 4 ☐ Neuter/Declaw 2 ☐ Neuter/Declaw 4 ☐ Dental

☐ Rabies Vax ☐ FVRCP ☐ Leukemia / FIV Test

☐ Leukemia Vax ☐ Fecal ☐ Other:

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE.

ALL SPAY SURGERIES:

***If the female is found to be in heat (estrus) or within 2 weeks of heat at the time of spay, there will be an additional charge will be added to the surgery cost.

***If the female is found to be pregnant at the time of the spay, there will be an additional charge added to the surgery cost. This is due to the uterus, ovaries and associated blood supply that occurs with estrus (heat) or pregnancy.

LABORATORY TEST WAIVER:

If your pet is to be anesthetized, rest assured that the advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems arise due to pre-existing conditions not evident during routine pre-anesthetic exams. In an effort to avoid these problems, we strongly recommend that all of these cases be screened prior to anesthesia by means of a pre-anesthetic or mini blood screen. It is understood that these tests do not remove all of the risks of anesthesia and surgery. This test will be performed (and you will be billed for it) unless you refuse the test by initialing next to it below:

☐ I DO ☐ DO NOT WANT PRE-ANESTHETIC BLOODWORK PERFORMED ON MY PET.

☐ I WILL FOLLOW THE RECOMMENDATION OF THE DOCTOR IN THIS REGARD

I understand that during the performance of this/these procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the staff and doctors of Animal Medical Services to use reasonable care and judgement in performing the procedure(s). The nature of the procedure(s) and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware of unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the above animal.

PAIN MANAGEMENT:

I understand that following any surgical procedure, pain can be expected. Animals may not show obvious pain such as vocalizing, inappetence, or reluctance to move, but can still be painful. The staff at ANIMAL MEDICAL SERVICES P.C. recommends pain medication post-operatively. PLEASE INDICATE BELOW YOUR PREFERENCE ON THE ADMINISTRATION OF PAIN MEDICATION IMMEDIATELY POST OPERATIVELY AND FOR THE NEXT 3-5 DAYS.

☐ I DO ☐ DO NOT WANT PAIN MEDICATION FOR MY PET.

☐ I WILL FOLLOW THE RECOMMENDATION OF THE DOCTOR IN THIS REGARD

☐ I DO, IF DENTAL EXTRACTIONS WERE NECESSARY

By my signature below:

1) I agree that if any unpaid balance is assigned to a third party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of this account, a collection fee equal to 33% of the unpaid balance will be added to my account and I agree to pay that fee.

2) I agree that I will pay reasonable attorney fees and court costs if a judgment is granted against me.

3) I authorize ANIMAL MEDICAL SERVICES and any of its agents to contact me by telephone, at any of the numbers provided including any wireless number for me and/or my spouse, which could result in charges to me. I acknowledge that I may also be contacted by sending text messages, and emails, using any email addresses provided. Furthermore, I also authorize methods of contact which may include using pre-recorded and/or artificial voice messages and/or automatic dialing devices, as applicable.

Signnature (owner or agent of the owner):

Date: Phone Number for today: