

LBS: _____

K#: _____

Staff use only



DR. KELLY'S
SURGICAL UNIT

Spay/Neuter Check in Form

Pet's Name: _____ Age: _____ YOUR Name: _____ When did your pet last eat? _____

Are you the owner of this pet? YES FOSTER NO ► IF NO, what is your relationship with the owner _____

What is the best phone number(s) to call: NAME: _____ NUMBER: _____

How far away do you live? NAME: _____ NUMBER: _____

_____ minutes EMAIL: _____

Please list any medications your pet takes and last time they were given: _____

Do you have any concerns about your pet today? _____

Examples: recent vomiting, diarrhea, weight loss, coughing, sneezing, increased thirst or urination

_____ **MALE NEUTER:** I acknowledge that my pet is healthy, and I have no medical concerns about them today. I understand that my pet will receive a small tattoo near his incision site (not painful) to show that he has been sterilized to avoid unnecessary future anesthesia and surgery.

Initial

_____ **FEMALE SPAY:** Last heat cycle? _____ Has your pet ever given birth? NO YES When? _____

Initial

C-Section

Natural

I acknowledge that my pet is healthy, and I have no medical concerns about them today. I understand that my pet will receive a small green tattoo near her incision (not painful) to show that she has been spayed to avoid unnecessary future anesthesia and surgery. I acknowledge that my pet is **NOT** pregnant. If my pet is found to be pregnant, I authorize the spay to continue knowing this will result in a terminated pregnancy and **additional charges will apply**. Additionally, if my pet is found to be going into heat or just coming out of heat, I understand **additional charges could apply**.

Pre-Surgical Blood Tests

Please read carefully

Prior to surgery, our team will examine your pet. However, many conditions, including liver, kidney, or blood disorders go undetected unless blood tests are done. These disorders could lead to unforeseen complications during the procedure; therefore, we strongly recommend blood testing before ANY surgical procedure. We **REQUIRE** blood testing for pets **10 years** and older or when determined necessary by the doctor prior to surgery.

_____ My pet is **UNDER 10 years** of age with no known pre-existing conditions, I understand the risks associated with the procedure and decline blood testing.

_____ My pet **HAS HAD blood testing in the last 30 DAYS**, I've been informed of the results and told it is ok to move forward with today's procedure.

SURGICAL CONSENT

I hereby authorize Dr. Kelly's surgical team to provide veterinary medical and surgical care to my pet. I understand the nature of today's procedure(s) and have had the opportunity to ask questions related to potential side effects, risks, and difficulties. I am aware that complications may arise during surgery, and no guarantees have been made or implied concerning the results of the surgery. I understand that Dr. Kelly's Surgical Unit is not responsible for any costs that may arise as a result of surgical complications. I acknowledge that I have fully read and understand this surgical consent and agree to proceed with the scheduled surgery.

Signature: _____ Date: _____

Would you be willing to provide a small tax-deductible donation? Donations provided to Pal Fund are used to subsidize and provide FREE SURGICAL care for pets in need.

Voluntary donation to help pets in need \$5 \$10 \$15 \$20 OTHER \$ _____

EXTRAS:

E-Collar \$16 Nail Trim \$5 Microchip \$46 Anal Glands \$27 Ear Cleaning \$29 Ear Plucking \$27

REQUIRED for DOGS unless provided

Pain Meds To Go Home \$25 Sedatives \$30+ IV Catheter W/Fluids \$97 Antinausea Injection \$29+

DOG Vaccines: Rabies \$34 Bordetella \$38 Da2pp \$45 Da2pp with Lepto \$48 Influenza \$69 Heartworm Tests 4DX \$52

CAT Vaccines: Rabies \$34 FVRCP \$40 Combo Vaccine (FELV W/FVRCP) \$50 Blood Test for FELV/FIV \$52