

**Pet Medical Center
NEUTER FORM**

Owner _____

Date: _____

Address: _____

Phone(s): _____

Patient: _____

Date of Birth: _____

Breed: _____

Color: _____

Main Reason For Admittance: **Neuter**

I hereby authorize and direct the veterinarians of Pet Medical Center to perform the above procedure and additional diagnostic and/or treatment procedures as deemed advisable for my pet. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. **All Services Must Be Paid For When My Pet Is Released. Some Procedures Require A Deposit Be Made Before Surgery.**

I understand that my pet may be **cryptorchid** and agree to pay the **additional charge of \$65.25 for inguinal or \$118.25 for intra-abdominal** cryptorchid.

Accept (initial Accept or Decline)

Decline

I understand and **would like for my pet to be given a pain injection and would like for pain medication to be sent home** at an additional charge that is best fit for my pet's condition. **The cost is based on the animal's weight.**

Accept (initial Accept or Decline)

Decline

We recommend that pre-anesthetic blood tests be performed prior to the administration of anesthesia. These tests can help us detect anemia, dehydration, diabetes, kidney disease and liver disease. All these conditions can contribute to complications in anesthesia and surgery.

I understand and **would like my pet to have blood work** as an added method of safety; this includes an organ profile, electrolytes and a complete blood count for an **additional charge of \$85.30.**

Accept (initial Accept or Decline)

Decline

I understand and agree to the above terms and acknowledge that blood work may be done or fluids may be administered, depending on my pet's age and risk factors.

I understand and **would like pet to have a DATAMARS identification microchip implanted for the additional cost of \$52.25.** The registration fee for each microchip is **FREE.**

Accept (initial Accept or Decline)

Decline

Owner's Signature: _____ Date: _____

How would you like to be contacted after your pet's surgery? (circle one) Text Message / Phone Call / E-mail

Phone number(s) where you can be reached _____

E-mail address _____

Checked in by Technician: _____