

**CONSENT FOR SPAY or NEUTER SURGERY  
Dixie Day Spay**

Office use only	
CC _____	Check _____
Cash _____	G _____
V _____	Foster _____

DATE: \_\_\_\_\_

Last Name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone where we can reach you TODAY (\_\_\_\_) \_\_\_\_\_ Alternate # \_\_\_\_\_

Pet's Name \_\_\_\_\_ Check one:  Dog  Cat Check one:  Male  Female Age \_\_\_\_\_

Breed or Breed mix \_\_\_\_\_ Color \_\_\_\_\_

SURGERY FEE FOR DOGS: \$60

SURGERY FEE FOR CATS: \$40

Does your pet have any past or current health problems/known allergies/medications? \_\_\_\_\_

- A Distemper combo vaccination is recommended for all dogs and cats.
- Kennel cough (Bordatella) vaccinations are recommended for dogs that go to grooming parlors and/or are boarded.
- It is recommended that all outdoor cats be tested for the Feline Leukemia Virus (FeLV) and the Feline Immunodeficiency Virus (FIV) as these are contagious and potentially fatal viruses.
- Feline Leukemia Virus (FeLV) vaccinations are recommended for all outdoor cats
- Heartworm testing is recommended for all dogs 6 months of age and older as heartworms are potentially fatal.

**If your pet has received a Rabies vaccination before today, what year was it given?** \_\_\_\_\_

Give my **DOG** the vaccines/services I have checked below:

- Rabies Vaccine (Included) 16 weeks & up
- DHPP - Canine Distemper / Parvo Vaccine (\$10)
- Kennel Cough (Bordatella) Vaccine (\$10)
- Heartworm Test (\$15)
- MICROCHIP includes lifetime registration (\$20)

Give my **CAT** the vaccines/services I have checked below:

- Rabies Vaccine (Included) 16 weeks & up
- FVRCP Feline Distemper Vaccine (\$10)
- Feline Leukemia Vaccine (\$10)
- FeLV/FIV test (\$20)
- MICROCHIP includes lifetime registration (\$20)

\_\_\_\_\_ Advantage (Flea Preventative for dogs and cats) \_\_\_\_\_ Frontline Plus ((Flea & Tick Preventative for dogs and cats)  
 \_\_\_\_\_ Iverhart Plus (heartworm preventative for dogs) \_\_\_\_\_ Sentinel Spectrum (heartworm preventative for dogs)

***Initial after each paragraph!***

I, being of legal age and acting as guardian or agent of the pet named above, hereby request and authorize Dixie Day Spay to perform sterilization surgery and administer requested tests and vaccinations through its veterinarians and assistants. I certify that this animal is in good health and has had no food after midnight prior to surgery. \_\_\_\_\_ **initial**

Dixie Day Spay offers low-cost spay/neuter services, however, we do not perform a complete physical examination. I understand that neither Dixie Day Spay, its staff, volunteers, nor agents will be liable or responsible in any manner, and I assume all risks. I understand that all anesthetic and surgical procedures have inherent risk, up to and including death. I understand that preoperative blood work which may detect organ dysfunction or disease will not be performed. I further understand that if my pet is pregnant, the pregnancy will be terminated at surgery. Prophylactic antibiotics and pain medication will be given. \_\_\_\_\_ **initial**

If upon examination a condition is discovered which requires an additional surgical procedure, the attending veterinarian may perform such procedure at an additional charge and with the guardian's consent. I also understand the veterinarian may refuse to perform any procedure on any animal for any reason. I also understand that if my animal is found to have fleas and/or fleas, a topical preventative will be applied at my expense. \_\_\_\_\_ **initial**

I have received post-surgical care instructions and I assume full responsibility for providing post-surgical care for my pet. \_\_\_\_\_ **initial**

I hereby release Dixie Day Spay, its employees, officers, directors, volunteers, technicians and veterinarians from any and all claims connected with the performance of these operations or procedures conducted at Dixie Day Spay, and I assume all risks. \_\_\_\_\_ **initial**

Signature \_\_\_\_\_ Date \_\_\_\_\_