



Administrative Use Only

Gender (M / F) Wt. ___ # ___ oz

Date of recent RV _____ verified by (initial) _____

Other notes upon check-in: _____

Dog Surgery Admit/Consent Form

Present this completed form and payment when you bring your dog for surgery. Please print clearly

Owner's Name:		Appt. Date:	
Address:		City:	State: Zip:
Phone #:		Secondary #:	
Email:			
Dog's name:	Approx age:	Gender: M / F	Color: Breed:
Where did your dog come from?		How long have you had her/him?	

Check next to Service(s) Requested

Service/Cost	Service/Cost
<input type="checkbox"/> Spay (female) <input type="checkbox"/> Neuter (male) Price is determined by weight of dog	<input type="checkbox"/> Distemper/Adenovirus/Parainfluenza/Parvo combination vaccine - Included with Surgery <input type="checkbox"/> Rabies vaccine - Included with Surgery
<input type="checkbox"/> Microchip - \$25.00	<input type="checkbox"/> E-collar – to prevent licking or chewing at incision site-\$10.00
No Flea treatment available for dogs	<input type="checkbox"/> Deworming with Pyrantel - No Charge
If this is a dog spay, when was her last heat cycle? _____	Appt must be 6 weeks after last heat cycle.

Was your pet recently treated for fleas and/or ticks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Product :
If Forgotten Felines staff finds evidence of fleas, ticks, ear mites, lice or internal parasites they will treat the pet accordingly and I (owner) will be responsible for all costs of medicines administered. This cost will be collected at drop-off or upon discharge of the pet. (initials) _____		

*** If your pet was found to have live parasites, but was treated recently (within the past 4 weeks), the veterinarian will dispense an effective and safe alternative to the product previously used at his/her discretion.*

All dogs receive an initial injection of pain medication prior to surgery. Our patients have the benefit of being discharged with additional post-operative pain management. While dogs often hide all or most signs of pain, they do feel inflammation and discomfort, and it is important to give these medications. If there are questions or concerns about pain medications and dogs, please do not hesitate to call. Our canine patients go home with Novox, a branded generic of carprofen, and it is dosed by weight of the dog. Please give all tablets as directed, and do not allow children to access this medication.

Like all medications, NSAIDS have potential side effects, and GI upset is possible. Other side effects may be decreased appetite, vomiting, diarrhea, or lethargy. If you notice any of these signs, stop administering the medication and call FFF, or your local veterinarian.

Never give over-the-counter medications, such as ibuprofen (Motrin, Advil), aspirin, or acetaminophen (Tylenol) to a dog without direct guidance from a veterinarian. Many of these are extremely harmful, with even one dose.

Pick-Up time is around 2:00 pm the day of surgery. If you cannot be present at this time, please have a representative pick up for you.

I state that my pet has no current known health issues, and is healthy for surgery. Because this is a low-cost program, I am aware that only a cursory physical exam will be conducted on my pet prior to anesthesia and surgery. I further understand that if the veterinarian on duty finds signs of illness, that surgery may be postponed and treatments may be prescribed and an exam will be charged, for which I will be responsible.

I understand the anesthetic surgical procedures may involve risk of complication, injury, or even death from known and/or unknown causes and no warranty or guarantee has been either expressed or implied as to outcome. I agree to assume financial responsibility for all routine and emergency services rendered. **I understand that if I am not reachable at the phone number(s) I have provided, but a decision is needed regarding my pet, a decision will be made that is considered in the veterinarian's experience, in the pet's best interest.** In the event of unforeseen complications I will not hold Forgotten Felines and Fidos, their staff nor their veterinarian(s) responsible. I understand I am responsible for all expenses incurred for this pet, once (s)he is discharged.

Your signature below indicates your acknowledgement that you have read and agreed to the above procedures, that you have all the information you require, you have had a chance to ask questions, and you authorize and consent to the surgical procedure including administration of anesthesia and analgesia.

Signature of owner or responsible party:

Date: