

# *Adopt-A-Pet of Victoria, Inc.*

Anytime / 4-5

8215 Houston Hwy.  
Victoria, Texas 77901  
361-575-7387

## **Dog Surgery Consent Form**

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Pets Name: \_\_\_\_\_ Pets age: \_\_\_\_\_  
Sex: Male / Female Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Is your dog on heartworm prevention? \_\_\_\_\_ Flea Prevention? \_\_\_\_\_  
Has your dog ever had seizures? \_\_\_\_\_

### **Standard Surgery Release**

I, being responsible for the animal described above, has the authority to grant Dr. Karen Klinkerman, DVM, and Dr. Jennifer Ballard, DVM providing services for Adopt-A-Pet, and whomever she may designate as her qualified assistant to perform the following procedure(s):

### **What is your pet here for today?**

- ☐ Spay/Neuter
- ☐ Rabies Vaccination (\$15)
- ☐ Distemper/Parvo Vaccination (\$25)
- ☐ Heartworm Test (\$30)
- ☐ Microchipping (\$15)
- ☐ Heartworm Prevention
- ☐ Flea Prevention
- ☐ Deworming
- ☐ Pain Medication (given here Pre-Surgery)
- ☐ \_\_\_\_\_

#### **NOTICE**

If your pet is seen to have fleas we reserve the right to charge for flea preventative for a safe surgery.

### **For Clinic Use Only**

Weight: \_\_\_\_\_

T \_\_\_\_\_

D \_\_\_\_\_

K \_\_\_\_\_

A \_\_\_\_\_

M \_\_\_\_\_

Txt/Called \_\_\_\_\_

Traz \_\_\_\_\_ Prev \_\_\_\_\_

### **ALL ANIMALS ARE TATTOOED DURING SURGERY (REQUIRED)**

It has been explained to me that conditions may arise during this procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize the veterinarian to do what is needed and necessary.

I have been advised as to the nature of the procedure and risks involved. I understand that complications including, but not limited to infection, cardiac arrest, and death could result.

I understand that trained staff will be used to care for the animals, and reasonable precautions will be used. It is thoroughly understood that the agencies named above, their staff, volunteers, and agents will not be held responsible in any manner, and I assume all risks.

I consent to the administration of such anesthetics as may be deemed proper by the veterinarian.

I further understand that the veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is the sole discretion of the attending veterinarian.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Adopt-A-Pet Representative Initials: \_\_\_\_\_

# *Adopt-A-Pet of Victoria, Inc.*

Anytime / 4-5

8215 Houston Hwy.  
Victoria, Texas 77901  
361-575-7387

## **Cat Surgery Consent Form**

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Pets Name: \_\_\_\_\_ Pets age: \_\_\_\_\_  
Sex: Male / Female Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Is your cat on monthly flea prevention? \_\_\_\_

### **Standard Surgery Release**

I, being responsible for the animal described above, has the authority to grant Dr. Karen Klinkerman, DVM, and Dr. Jennifer Ballard, DVM providing services for Adopt-A-Pet, and whomever she may designate as her qualified assistant to perform the following procedure(s):

#### **What is your pet here for today?**

- ☐ Spay/Neuter
- ☐ Rabies Vaccination (\$15)
- ☐ Distemper/Leukemia Vaccination (\$25)
- ☐ Leukemia/FIV Test (\$30)
- ☐ Microchipping (\$15)
- ☐ Flea Prevention (\$5)
- ☐ Deworming (\$14-\$18)
- ☐ Pain Medication (given here Pre-Surgery) (\$5)
- ☐ \_\_\_\_\_

#### **NOTICE**

If your pet is seen to have fleas we reserve the right to charge for flea preventative for a safe surgery.

#### **For Clinic Use Only**

Weight: \_\_\_\_\_  
T \_\_\_\_\_  
D \_\_\_\_\_  
K \_\_\_\_\_  
A \_\_\_\_\_  
M \_\_\_\_\_  
Txt/Called \_\_\_\_\_

### **ALL ANIMALS ARE TATTOOED DURING SURGERY (REQUIRED)**

It has been explained to me that conditions may arise during this procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize the veterinarian to do what is needed and necessary.

I have been advised as to the nature of the procedure and risks involved. I understand that complications including, but not limited to infection, cardiac arrest, and death could result.

I understand that trained staff will be used to care for the animals, and reasonable precautions will be used. It is thoroughly understood that the agencies named above, their staff, volunteers, and agents will not be held responsible in any manner, and I assume all risks.

I consent to the administration of such anesthetics as may be deemed proper by the veterinarian.

I further understand that the veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is the sole discretion of the attending veterinarian.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Adopt-A-Pet Representative Initials: \_\_\_\_\_