

Adopt-A-Pet of Victoria, Inc.

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. Steven Koenig, DVM, providing services for Adopt-A-Pet, and whomever (she) (he) may designate as (hers) (his) 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.

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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. Steven Koenig, DVM, providing services for Adopt-A-Pet, and whomever (she) (he) may designate as (hers) (his) 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: _____