

Animal Medical Clinic
1405 North Milpitas Blvd.
Milpitas, Ca 95035
Tel: (408)262-7190
Fax: (408)262-7270
www.AnimalMedicalClinicMilpitas.com

Animal Birth Control Consent Form

Owner's Name _____

Patient's Name _____

Sex _____ Breed _____ Color _____

Date of birth ____/____/____ or Age ____ months/year(s)

I, the owner/authorized agent of the above mentioned pet(s) hereby authorize the veterinarian of Animal Medical Clinic and the staff to perform the following procedures

1. _____ 2. _____ 3. _____

and such additional procedures as are considered therapeutically and/or diagnostically necessary due to some unforeseen conditions that may be revealed; I fully understand the risks involved with the procedures (Surgery and Anesthesia), possible complications, and realize that results can not be guaranteed. I agree to pay in full for services rendered, including those deemed necessary for medical and/or surgical complications or unforeseen circumstances. The estimate of charges for presently planned procedures is only an approximation.

Treatment/Preventatives

Price quoted on the ABC voucher covers the pre-surgical exam, sedation, anesthesia, surgery, pain injection after the surgery, pain medication to take home, Elizabethan collar, and follow up visit to remove stitches. We have provided treatment/preventatives to assure the well being of your pet before and after the surgery. Prices listed below are optional but highly recommended.

Pre-Anesthetic Blood Profile

Your pet will be undergoing general anesthesia plus a surgical procedure today. Like you, our greatest concern is the well being of your pet. We will perform the physical exam on your pet before anesthesia. However, in order to recognize any underlying abnormalities or pre-existing (liver; kidney) disease which may not be evident on physical exam, we strongly recommend a Pre-Anesthetic blood profile. The **Pre-Anesthetic Blood Profile** helps alert our surgeon to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease that could complicate the procedure. These conditions may not be detected **without** a pre-anesthetic profile thus not allowing for the most appropriate and safest anesthetic regime to be administered. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, these tests may be useful if your pet's health changes to develop faster, more accurate diagnoses and treatments. We highly recommend a blood profile for geriatric animals (animals older than 5 years), animals weighing less than 5lbs, or animals that are overweight (because of breed or diet). There is an additional cost of **\$85.00** for Pre-Anesthetic Blood Testing. We hope you understand the need for these important tests.

I DO ____ / DO NOT ____ wish to have the pre-surgical blood work run today.

Please initial _____

Additional recommendations (please circle Yes or No):

1. I.V Catheter and I/V fluids (to minimize pain after surgery)	Yes or No	\$100
2. Felv and FIV Combo Test (Leukemia and Feline Aids)	Yes or No	\$65
3. Identification Chip (Microchip)	Yes or No	\$55

Possible charges:

Our clinic will inform the owner/authorized agent if any of the below mentioned conditions are present. The possibility of your female dog /cat being in heat can only be determined during time of surgery.

Female dog or cat in Heat or Pregnant:

- There will be an additional charge of **\$35.00** if your dog is in heat or **\$25.00** if your cat is in heat.
- If your dog or cat is pregnant, there will be an additional charge of **\$50 – \$125** to the surgery cost. Price depends on extent of pregnancy.

Male dog or cat with Cryptorchid testicles:

- There will be an additional charge of **\$75 – \$125** if your dog/cat has **Crypt orchid** (hidden) testicles.

ALL SERVICES MUST BE PAID IN FULL BEFORE ANIMAL CAN BE RELEASED

Method of Payment:

Cash Master Card Visa Discover Amex Care Credit

I have thoroughly read the above information and am aware of any possible and additional charges.

Signature _____ Date _____

Day time phone #: _____