

# PATIENT ADMITTING & SURGERY CONSENT FORM

Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

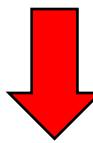
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## SERVICES REQUESTED

Pet's Name: \_\_\_\_\_ Species: Dog / Cat Sex: Male / Female  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_



### CONSENT FOR TREATMENT OR SURGERY:

I am of legal age and am the owner or authorized agent responsible for the animal described above. I hereby authorize **Halifax Humane Society**, its veterinarians, staff members, and agents to examine, receive, transport, prescribe for, treat, and/or perform medical or surgical procedures on the animal named above.

I understand that modern veterinary techniques and trained personnel will be used and that reasonable precautions will be taken to prevent injury, escape, or loss of the animal. I acknowledge and agree that Halifax Humane Society, its staff, and agents shall not be held liable for any injury, illness, escape, or death of the animal, and I assume all risks and all associated costs.

If, during examination or treatment, a condition is discovered that requires additional medical care or procedures (including but not limited to hernia repair or administration of IV fluids), I authorize the attending veterinarian, in their professional judgment, to perform such procedures. I agree to pay any reasonable additional charges that may apply. I understand that surgical procedures may be performed regardless of the animal's sex or medical condition, including pregnancy, if the animal is deemed an acceptable surgical candidate by the attending veterinarian. I further understand that the attending veterinarian may refuse to perform any procedure on any animal at their sole discretion.

I understand and consent to the placement of an identification tattoo near the incision site for all spay/neuter procedures. I further understand that feral cats will have their ears tipped for identification. I understand that all animals must be picked up at the time designated by clinic staff on the same day as surgery. If the animal is not claimed within 24 hours, I understand that it may be deemed abandoned and handled in accordance with Halifax Humane Society policies. Upon abandonment, I relinquish all ownership rights and remain responsible for any medical or boarding costs incurred.

**I understand that clinic services are intended to assist individuals and families who lack the financial resources to obtain basic veterinary care through a private veterinary practice. By utilizing these services, I acknowledge that I am benefiting from charity intended to help pets in need.**

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number Today \_\_\_\_\_

Owner's D.O.B. \_\_\_\_\_

### SURGERY

- Dog Spay \$105 to \$330
- Dog Neuter \$105 to \$330
- Cat Spay \$85
- Cat Neuter \$85
- Feral Cat Spay/Neuter \$75
- Other \_\_\_\_\_

### VACCINATIONS

- Rabies \$15
- Da2PP \$15
- Leptospirosis \$15
- Bordetella \$15
- FVRCP \$15
- FeLV \$15
- 
- Dog Package \$35**  
Da2PPL + Bordetella
- 
- Cat Package \$25**  
FVRCP + FeLV

### OTHER SERVICES

- Exam
- Microchip \$15
- FeLV / FIV Test \$20
- HW Test \$20
- Deworm \$10 to \$35
- Nail Trim \$10
- Ear Cleaning \$15
- Anal Glands \$10

### MERCHANDISE

- Heart Gard Plus \_\_\_\_\_
- NexGard \_\_\_\_\_
- Nex Gard Plus \_\_\_\_\_
- Nex Gard Combo \_\_\_\_\_
- Otics
- Dermatologics
- Dental Products
- Pet Supplies