

PATIENT ADMITTING & SURGERY CONSENT FORM



Owner's Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Email: _____

Pet's Name: _____ Species: Dog / Cat Sex: Male / Female

Age: _____ Weight: _____ Breed: _____ Color: _____

SERVICES REQUESTED



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