



260 Wall St.
Eatontown, NJ 07724
(732) 542-3125

Spay/Neuter Consent
Date:

Name/ID:
Address:

Pet Name/ID:
Species, Breed:
Sex:
Birthdate:
Weight:

Phone:
Email:

Feline Surgery:

- Feline Spay (female) \$150
- Feline Neuter (male) \$140

Canine Surgery - Female:

- Canine Spay less than 30 lbs \$375
- Canine Spay 31-60lb \$435
- Canine Spay 61-95b \$515
- Canine Spay greater than 96lb \$575

Canine Surgery - Male:

- Canine Neuter less than 30 lbs \$295
- Canine Neuter 31-60lb \$345
- Canine Neuter 61-95lb \$405
- Canine Neuter greater than 96lb \$575

Additional Feline Services:

- Rabies \$40
- FVRCP \$40
- FIV/FelV Test \$60
- Revolution (ask)
- Microchip \$35

Additional Canine Services:

- Rabies \$40
- DA2PP \$40
- Flea/Tick Prevention (ask)
- Microchip \$35
- IV Catheter and fluids \$100

Proof of Rabies? YES NO

If your pet is 13 weeks of age or older

- IV Catheter and fluids \$100
- Post-op Sedative \$15-\$30

- Post-op Sedative \$15-\$30

and doesn't have proof of Rabies, our vet

will administer Rabies today.

It is medically advised that your pet be vaccinated to protect against infectious diseases prior to admittance to the VVCC today - DA2PP vaccine and Bordetella vaccine for dogs and FVRCP vaccine for cats. If your pet is not vaccinated, you can elect for your pet to receive these vaccines today - but be advised that your pet will not be protected against these diseases immediately and could still be at risk today. If you choose to decline these recommended vaccines, please understand the risk of exposure to other animals today and that your pet is not protected.

Post-Operative NSAID (non-steroidal anti-inflammatory drug) Administration:

Surgery causes tissue inflammation and pain. Our doctors give post-op NSAIDs to reduce pain and inflammation. NSAIDs are generally well tolerated but may rarely cause vomiting, diarrhea, or worsening of pre-existing liver or kidney disease in certain pets.

DOGS: All dogs receive a post-op injection of Carprofen and four additional days of oral Carprofen to be administered at home.

CATS: Female cats 4 months of age and older receive a post-op injection of Meloxicam.

I have read and understand the potential risks associated with NSAID administration to my pet.

CAPSTAR Administration if Fleas Present:

If your pet has evidence of fleas at the time of surgery, a dose of Capstar will be administered at an additional cost to you of approximately \$20. Capstar will kill adult fleas for 24 hours and reduce the spread of fleas to other animals. Capstar is safe for pregnant and nursing animals and will not interfere with any other flea products you may currently be using on your pet.

I have read and understand that my pet will be treated for fleas if deemed necessary by the veterinarian.

AUTHORIZATION AND CONSENT:

The Vogel Clinic is a high volume high quality spay neuter clinic with a skilled staff of veterinarians and technicians using approved materials for all services. We have carefully crafted protocols to maximize safety for your pet. **Your signature below indicates your understanding and agreement to the following:**

- All anesthetic and surgical procedures carry risk, and, in rare circumstances, injury or death may result.
- I certify that my pet is current on Rabies or will be vaccinated for Rabies today. It takes up to two weeks for vaccination to provide immunity and protection.
- I understand that failing to keep my pet up to date on vaccines increases risk of contracting diseases and waive all claims arising out of or connected with services provided today.
- I certify that my animal is in good health and that this form has been filled out honestly and accurately.
- I understand that my pet may be refused service if the veterinarian deems there is a health risk.
- I understand that my pet will not receive a complete physical examination by the veterinary surgeon today prior to services being provided. If my pet is fractious or difficult to handle, the veterinarian may not be able to assess my pet prior to sedation/anesthesia. The MCSPCA recommends all pets have a complete physical exam with a regular veterinarian at least once per year.
- I understand that some factors may increase anesthetic risk, including but not limited to: pregnancy, heat, FIV, FeLV, heartworm disease, and other chronic illnesses.
- I understand that if my pet is pregnant, the pregnancy will be terminated at surgery.
- I understand that if my pet is deemed to be cryptorchid (undescended testicle(s)), I will incur an additional fee for the surgical procedure. The additional fees range up to \$500 depending on the complexity. We will attempt to contact you via phone if your pet is deemed to be cryptorchid. If we are unable to reach you, we will not proceed with the surgery. In rare cases the undescended testicle may be unable to be located during the surgery. If this occurs the surgery will be aborted, and the patient will need to be referred elsewhere for the procedure.
- I understand that if my pet is deemed to have an umbilical hernia, I will incur an additional fee for the surgical procedure if correction is recommended. The fees range up to

to \$220. We will attempt to contact you via phone if your pet is deemed to have a hernia. If we are unable to reach you, we will not proceed with the hernia repair.

- I understand that if my pet is deemed to be in heat, I will incur an additional fee for the surgical procedure. The additional fees range up to \$150 depending on the complexity.
- I understand my pet will receive a small tattoo on the abdomen as a permanent indication of sterilization. This is not optional.

*****Please note: This veterinary facility does NOT provide supervision for animals after normal business hours by a person physically on these premises.**

I hereby release the Vogel Spay/Neuter Clinic, Vogel Veterinary Care Center, and MCSPCA, all veterinarians, technicians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the services, vaccinations, and surgical procedure performed. I agree that I have not and will not claim any right to compensation from them, or any of them, or file action by reason of services or attempted services of such animal or any consequences related thereto. I agree to indemnify and hold harmless Vogel Spay/Neuter Clinic, Vogel Veterinary Care Center, and MCSPCA for any damages caused during the transportation of my pet, or damages caused by any unforeseeable events included but not limited to vandalism, burglary, extreme weather, natural disasters, or acts of God.

I understand that during the course of my pet's treatment and surgery it may become apparent that my pet needs additional surgical care beyond the anticipated treatment that I have received an estimate for. Examples may include, but are not limited to: dental extractions during a planned prophylactic dental, cryptorchid diagnosis for a neuter patient, wound care for wound found under sedation, hernia noted after sedation. If this occurs I understand that the surgery team will attempt to reach me by phone 2-3 times in the span of 5-10 minutes with an estimate for such services. In the case that they are unable to reach me I would like to elect for the following:

Please perform medically required surgical services up to the limit of \$500 as deemed appropriate by the veterinarian.

or

Please do not perform anything outside of the estimate of items I have checked off above.

I understand that my pet may have underlying disease and/or compromised health, and that the procedures elected today may cause my pet to decompensate resulting in adverse health events or death. In the event my pet becomes medically compromised, I wish for the VVCC medical staff to proceed as follows:

Please attempt to resuscitate my pet via use of the following: intravenous catheter, intravenous fluids, medication administration, oxygen therapy, +/- closed chest compressions (CPR). I understand that these treatments will result in additional expense, up to approximately \$300.

Please do not attempt to resuscitate or treat my pet in an emergent situation.

Best contact number:

Alternate contact name/number:

Client or authorized agent signature:

To be completed by technician:

Last ate?

V/D/C/S/seizures/illnesses?

Fleas/ticks?

Regular Vet?

Does your pet eat a raw food diet?

Female- date of last heat cycle?

Female- is she in heat today?

Female- has she ever been pregnant?

Female- has she ever had a C-section?

Any Rx or OTC meds?

Male - Testicles descended?

Hernia?

Tech/CSR Initials: