



Surgery & Anesthesia Consent Form

Date: _____

HUMANE SOCIETY
—MOHAVE COUNTY—

Owner's Name _____

Address: _____

Street

City, State

Zip Code

Phone (please circle): hm wk cell (_____) _____ hm wk cell (_____) _____

Email: (for vaccine reminders **only**) _____

Pet's Name: _____

Pet's DOB (AGE): _____

Pet's Breed: _____

Pet's Color: _____

Pet's Species: ☐ Dog ☐ Cat

Pet's Sex: ☐ Male ☐ Female

Has your pet had a recent heat? ☐ Yes ☐ No

Recent Litter? ☐ Yes ☐ No

How did you hear about us? ☐ Flier ☐ Newspaper ☐ Online ☐ Friend ☐ Drive By ☐ Other

Medical Agreement

I, being of legal age and responsible for the animal described above, have the authority to grant the Humane Society of Mohave county medical center, staff members, volunteers, or agents my consent to receive, transport, prescribe for, and treat and/or perform surgery upon the animal named above. I agree that I have not or will not claim any right of compensation from any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

I understand that the surgery presents some hazards and that injury to, or death of, such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs used in providing this service. In the course of treatment, if a life-threatening condition occurs which requires immediate medical attention and the owner cannot be contacted, the attending veterinarian may, at his/her discretion, perform life-saving procedures without the owner's verbal consent. **I consent to these procedures and agree to pay reasonable additional charges, if any.** I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, being in heat, diseases such as FIV, Feline Leukemia, Heartworms, and underlying or preexisting medical conditions.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy or menstruation) and an additional fee will be applied. I also understand that the veterinarian can refuse to perform any procedure on any animal for any reason at any time. Such refusal is at the sole discretion of the attending veterinarian. In the event of a post-operative surgery-related complication, I understand that follow-up veterinary care must be done at a veterinary clinic of my choice and cost accrued will be my sole responsibility.

I certify that my animal is in good health and has had no food since **9:00 PM** the evening prior to surgery. I understand that the HSMC has the right to refuse service to any animal to whom surgery is deemed a health risk. I understand that the HSMC will not be performing a complete health examination on the animal before surgery is performed.

If an animal is left at the clinic beyond 5pm without prior arrangements, an abandonment fee of \$25.00 will be charged and abandonment procedures will be initiated as outlined by Arizona state law. I further understand that I will be fully responsible for all accrued charges until the animal is removed from the clinic, or considered to be abandoned by Arizona state law.

By signing this, I authorize pictures of my pet to be used for marketing purposes, such as newsletters and social media. In this case, I will be notified that my pet's picture was taken. I understand that HSMC does not maintain 24-hour observation of animals in its care and that all emergency services needed after-hours will be referred to any local veterinarian in the Kingman area.

- **I understand that my pet will be tattooed after sterilization surgery (green, 1" line near incision).**

● My signature on this form indicates that any questions I have regarding risks or other issues associated with sterilization and other procedures have been answered to my satisfaction.

- Please present questions and concerns to medical staff in the exam room.

Responsible Person Signature: _____ Date: _____

PAYMENT IS DUE AT TIME OF SERVICE.
PLEASE REVIEW AND FILL OUT THE BACK OF THIS PAGE!

Please initial where applicable

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

A 24HR DOSE OF PAIN MEDICATION IS **REQUIRED**.

Pain management speeds healing and improves quality of life during the recovery time!

FELINE:

_____ 1 day \$8: One 24HR dose of pain medication given after surgery

_____ 3 day pain medication **injection**: \$22 (Recommended for **ALL** female cats, **REQUIRED** for older/pregnant cats, as well as pets less than 12 weeks of age).

CANINE:

_____ 1 day: One 24HR dose of pain medication given after surgery - \$8 small dog - \$10 large dog >25lbs.

_____ 3 day pain medication: \$20 (9 oral doses after surgery) Gabapentin to go home (Recommended for **ALL** female dogs, all small dogs, and **REQUIRED** for older, pregnant, or in-heat females, as well as pets less than 12 weeks of age). Liquid **may** be available upon request.

Other services/products available:

_____ **Post-Surgical Laser Therapy** — \$15 Once performed on your pet's incision site(s), laser therapy reduces risk of infection by increasing circulation, greatly improving healing time, and reducing pain and inflammation. **Highly** recommended for **ALL** surgeries!

_____ **Vaccinations:** ☐ **RABIES \$20*** ☐ **Distemper/Parvo/Lepto (DA2PP+L) \$30** ☐ **Bordetella (Kennel Cough) \$15**
☐ **FELV (Feline Leukemia) \$25** ☐ **FVRCP (Feline Parvo, Calici) \$25 (*required)**

My pet has had a rabies vaccine before: **Y** **N** If yes, when? _____

_____ **CATS ONLY:** Feline Leukemia/FIV Snap Test: \$35 This is recommended for all outdoor cats and **required** prior to FELV vaccine

_____ **DOGS ONLY:** Heartworm Test \$30 (**Must** have negative heartworm test prior to HW preventive!)

_____ **Heartworm Preventative** – **DOGS ONLY** (Recommended for all dogs annually—also a monthly dewormer!)
6 month supply – 0—25lbs \$60 26—50lbs \$77 51—100+lbs \$90

_____ **Medical collar to go home** – \$13.00 — \$20.00 size dependent (Recommended, **especially** for male dogs)

_____ **Microchip** – \$25.00 – Includes **FREE** at home, online registration!

_____ **Nail Trim** – \$5 w/surgery

_____ **Anal gland expression** — \$20.00

_____ **Ear cleaning (non-diagnostic)** — \$20.00

_____ **Ear Mite Treatment for Cats (Must get ear cleaning w/medication)**
\$12 – If severe, go home meds for \$15 each tube are available, or you can bring back the cat for free treatment for **2 weeks**.

_____ **Flea/Tick Preventive 3 MONTH SUPPLY \$80-\$100**

_____ **Basic Deworming** – ***Strongid*** – hookworms, roundworms \$5 for pet < 25#, \$7 for pet 26-50#, \$10 for pet >50#
Drontal Plus – hookworms, roundworms, AND tapeworms (Recommended for cats)
\$12-30 for a cat, \$13-50 for a dog (calculated by weight) +\$5 pharmacy charge to go home.

_____ **Dew Claw Removal** (back legs **ONLY**) non-attached — \$25 each toe, \$45 each toe for more complicated removal
(not including additional medications, bandaging, or sutures)

_____ **Cerenia Injection or Tablets**—This medication combats nausea and disorientation that can occur with anesthesia. This is highly recommended for animals over 3 years old, small dogs, and **ALL** females, and is required for females in heat or pregnant. Injections for smaller pets are \$25, and tablets for larger dogs average about \$55.

_____ **Propofol Package** - \$85.00 - \$110.00 weight dependent. This is an **upgraded anesthetic** in comparison to traditional anesthesia. This drug is metabolized very quickly, resulting in faster recovery for your pet and less stomach upset. This is recommended for older and smaller pets, and is **required** for senior pets and for specific breeds.

_____ **Add IV fluids to any surgery for only \$40 more! Recommended for ALL surgeries and required for pregnant or in-heat females.**