



320 S. Yonge Street, Ormond Beach, FL 32174 (386) 671-0747

**SPAY / NEUTER CONSENT FORM**

Owner's name: \_\_\_\_\_ Patient: \_\_\_\_\_

Phone #s for today: \_\_\_\_\_ May we text you? Yes  No  Date: \_\_\_\_\_

**Congratulations: You came to Cat Care Clinic because you want the best for your cat!**

Our standard of care is the highest you will find at any veterinary hospital. Our Spay/Neuter package includes all standard services, which may be considered "optional" elsewhere. We do not sacrifice important safety procedures. If the doctor feels that additional procedures are necessary, you will be consulted in advance.

	<u>Female</u>	<u>Male</u>	<u>Important Notes:</u>
Pre-anesthetic exam	\$62.00	\$62.00	FeLV/FIV and Fecal test results on file required.  Cats must be up to date on Rabies and FVRCP vaccines.  Additional \$75 for pregnant or in-heat cats.
Pre-anesthetic blood work	58.00	58.00	
* Anesthesia / Sedation	105.00	68.50	
IV Catheter + Fluids	78.50	n/a	
Surgery	105.00	73.50	
Onesie	16.00	n/a	
Post-op Pain injection	35.00	35.00	
* Go-Home Pain Meds	20.00	n/a	
* Local Nerve Block	n/a	22.50	
Bio-Hazard disposal	<u>4.00</u>	<u>4.00</u>	
<b>Total</b>	<b>\$483.50</b>	<b>\$323.50</b>	<u>**Anesthetic Gas:</u> Sevoflurane is a state-of-the art anesthetic gas that is used in 95% of human hospitals, including on neo-natal infants. Sevoflurane allows the doctor to maintain a better anesthetic plane so less gas is needed.
Package discount	<u>-\$183.50</u>	<u>-\$123.50</u>	
	<b>\$300.00</b>	<b>\$200.00</b>	

**OTHER SERVICES AVAILABLE:**

Vaccines:

(Rabies \_\_\_) (FeLV \_\_\_) (FVRCP \_\_\_)  
\$37.00      \$33.50      \$24.00

Labs:

(Fecal \_\_\_) (FeLV/FIV \_\_\_) (Microchip \_\_\_)  
\$40.83      \$55.00      \$60.00

\*Prices and quantities may vary based on weight, age, or condition of cat.

\*\*Anesthetic gas is not used for neuters.

**Additional information and consent:**

- I understand that there are **risks** associated with anesthesia and surgery, **up to and including death.**
- Results cannot be guaranteed. I am responsible for all fees incurred regardless of the outcome of the procedure.
- There will be additional fees for other conditions such as pregnancy, in-heat or cryptorchidism.
- Any fleas or other parasites will be treated at your expense.
- I am the owner or agent for the owner of the above-named cat, and I have the authority to execute this consent.

I hereby consent and authorize the above procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date