

**University Pet Clinic**  
**SPAY & NEUTER AUTHORIZATION FORM**

Owner: \_\_\_\_\_ Pet's name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone #(s) client can be reached at: \_\_\_\_\_

***All pets admitted to University Pet Clinic must be current on vaccinations***

***\*\*These vaccinations must be given by a veterinarian or clinic.\*\****

- For **DOGS**: Rabies, Distemper-Parvo
- For **CATS**: Rabies, FVR-CP (Upper Respiratory-Distemper).

**Baseline Blood Testing Release**

We strongly recommend baseline blood testing to help reduce risk during your pet's anesthesia. We, also, use these tests as a baseline for healthy pets, as well as early detection of illness.

- **Routine Baseline Blood Tests (0-6yrs of age) \$75** (includes 10 blood chemistries & CBC)
- **Geriatric Baseline Blood Tests (7yrs & older) \$106** (includes 14 blood chemistries & CBC)

*(Initial below)*

\_\_\_ I APPROVE the age appropriate Baseline Blood Tests

\_\_\_ I DECLINE the age appropriate Baseline Blood Tests (\* see below)

\_\_\_ \* **REQUIRED**: Total Protein (to check kidney function)/**Packed Cell Volume test for all surgical cases (\$12.50)** \*This charge will not be added if you choose a blood test from above.\*

Circle: Accept Decline \***RECOMMENDED**: Routine IV Catheterization & Fluid Therapy (\$62.85)

**ADDITIONAL SERVICES REQUESTED BY OWNER:**

- |   |   |
|---|---|
| ( ) Examination (\$39.00)                         | ( ) Update Vaccines (\$14 each- Rattlesnake excluded) |
| ( ) Nail Trim (\$15.20)                           | ( ) Fecal Exam (\$25.00-\$35.20)                      |
| ( ) Heartworm Test (ask for Package cost)         | ( ) Other _____                                       |
| ( ) HomeAgain Microchip & Registration fee (\$62) | ( ) Anal Glands (\$18.80)                             |
| ( ) Ear Cleaning (\$32)                           |   |

- I understand that during the operation, unforeseen conditions may be revealed that necessitates additional operations, procedures, diagnostic testing or medications. I authorize the performance of such procedures, as are necessary and desirable, in the exercise of the veterinarian's professional judgement. I understand it is not possible for the veterinarian to call me during the surgery due to time restraints and safety factors using anesthesia. I understand I am responsible for the additional costs of these procedures.
- **SPAY SURGERY**: I understand that it is difficult to determine if my female pet is in-heat until the doctor actually sees her uterus during the ovariohysterectomy (spay) surgery. I understand that if my female pet is in-heat, pregnant or has recently had puppies/kittens, that the surgery time will take longer and therefore, will be additionally charged. *(Ask for an estimate)*
- *I understand that payment in full is due at the time of discharge.*
- *I consent to my pets images to be used for social media, or marketing (Because we love them and they are so cute!!)*
- I have read and understand this authorization and consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_