

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

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

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

For the protection of our team, your pet & the other pets here, your pet must have current vaccinations.

*These vaccinations must be given by a VETERINARY CLINIC and proof provided.*

**DOGS: Rabies, Distemper-Parvo**

**CATS: Rabies, FVR-CP**

**\*\* FOR THE SAFETY OF OUR TEAM & YOUR PET, WE REQUIRE PROOF OF A  
CURRENT RABIES VACCINATION AT THE TIME YOUR PET IS ADMITTED. \*\***

**If your pet's Rabies vaccine is past due OR proof cannot be provided at the time your pet is being admitted, we will provide an exam (\$22-\$45) and administer a Rabies vaccine (\$17).**

**I understand I am responsible for these expenses if needed.**

**Owner/Caregiver Initials:** \_\_\_\_\_

**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) \$98** *(includes 10 blood chemistries & CBC)*
- **Senior Baseline Blood Tests (7yrs & older) \$124** *(includes 17 blood chemistries & CBC)*

*(Initial below)*

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

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

\_\_\_\_ **\* REQUIRED, if above options are declined: Packed Cell Volume (PCV) test for all surgical cases (\$12.50) \*This charge will not be added if you choose a Baseline blood test from above.\***

**\*\* Included with ALL SPAYS & DOG NEUTERS: Routine IV Catheterization & Fluid Therapy**

**ADDITIONAL SERVICES REQUESTED BY OWNER: (Please Ask for Current Pricing)**

- |   |  |
|---|--|
| ( ) Examination: _____                            | ( ) Update Vaccines  |
| ( ) Nail Trim                                     | ( ) Fecal Exam (for intestinal parasites/protozoa- recommended yearly) |
| ( ) Anal Glands                                   | ( ) Ear Cleaning   |
| ( ) Heartworm Test (ask for our Special discount) | ( ) Other _____  |
| ( ) Microchip                                     |  |

○ **ANYTHING WE SHOULD KNOW TODAY?** \_\_\_\_\_

- **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 have read and understand this authorization and consent.

**Owner/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_