



AMCofWyoming.com

Feline SURGERY Consent Form

(307) 682-3800

~Thank you for choosing CVC – please let us know if you have any questions about this form~

Phone number where you can be reached today (IMPORTANT): _____

Owner's name: _____
 email: _____
 Address: _____ Zip _____
 Home phone: _____
 Cell phone: _____
 Pet's name: _____
 Gender: _____ Age: _____
 Breed: _____ Color: _____
Last time pet ate: _____

SURGERY:

- Female Spay \$45.00
- Male Neuter \$35.00
- Ear punch to indicate alter status no charge

VACCINATION:

- Distemper Vaccination \$10.00
(Rhinitracheitis-Calici-Panleukopenia)
(Recommended Yearly)
- Leukemia Vaccination \$20.00
(Recommended Yearly)
- Rabies Vaccination \$6.00
(Recommended every 2 years after initial booster)

I, _____
 being responsible for the above described animal, have the authority to grant you my consent to operate upon my pet. You are to use all responsible precautions against injury, escape, or death of my pet, but you will not be responsible or liable in any manner in connection there with as it is thoroughly understood that I assume all risks. I will be responsible for all fees and service charges including legal fees associated with the treatment of my pet.

After having carefully read the above, I signed in agreement:

Date: _____

Owner or Responsible Party _____

PREVENTATIVE

- Dispense dewormer (Recommended yearly)
 - ✦ Topical \$20.00
 - ✦ Oral \$15.00
- Kitten de-wormer under 3 months \$10.00
- Microchip \$39.00

OTHER:

"We want to make your pet Facebook famous! Do we have permission to share your pet's photo and story on social media, our website and other marketing materials?" Yes No