



AMCofWyoming.com

Feline 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:** \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
 email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_

**More space for multiple animals on back of form.**

Pet's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ S/N Age : \_\_\_\_\_ W / M / Y  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Last time pet ate: \_\_\_\_\_ am / pm

<b>SURGERY:</b>	<b>VACCINATION:</b>	<b>PREVENTATIVE:</b>
<input type="checkbox"/> Female Spay \$50.00	<input type="checkbox"/> Distemper Vaccinations \$10.00 (yearly)	<input type="checkbox"/> Dispense de-wormer (yearly) <input type="radio"/> Topical \$25.00 <input type="radio"/> Oral \$20.00
<input type="checkbox"/> Male Neuter \$35.00	<input type="checkbox"/> Leukemia Vaccination \$20.00 (yearly)	<input type="checkbox"/> Kitten de-wormer \$10.00 (under 3 months)
<input type="checkbox"/> Ear punch \$0.00 (to indicate alter status)	<input type="checkbox"/> Rabies Vaccination \$6.00 (every 2 years after initial booster)	<input type="checkbox"/> Microchip \$45.00

**To better identify spayed females green ink will be applied to the incision.**

"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

I, \_\_\_\_\_, being responsible for the above described animal, have the authority to grant you my consent to perform the selected procedures 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 therewith 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:  
 Owner or Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Initial Consultation \$35.00  Recheck Consultation \$10.00

<b>INJURY:</b>	<b>MEDICAL:</b>	<b>EARS:</b>
<input type="checkbox"/> Mild \$40.00	<input type="checkbox"/> Mild \$40.00	<input type="checkbox"/> \$30.00
<input type="checkbox"/> Severe \$95.00	<input type="checkbox"/> Severe \$130.00	

Other: \_\_\_\_\_

Total: \_\_\_\_\_ V / MC / D / CC / Cash

Client account # \_\_\_\_\_ Charges  Notes  Call  Initials: \_\_\_\_\_

