



cvc@gilletteveterinarian.com

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

More space for multiple animals on back of form.

SURGERY:

VACCINATION:

PREVENTATIVE:

\*We strongly suggest an E-Collar!

- Female Spay
under 50 lbs \$65.00
50 - 74.9 lbs \$90.00
over 75 lbs \$125.00
In heat - Add \$67.00

- Male Neuter
under 50 lbs \$60.00
50 - 74.9lbs \$80.00
over 75lbs \$100.00
Cryptorchid - Add \$85.25

- Parvo/Distemper Vaccination \$34.00
Bordetella Vaccination \$28.00
Rabies Vaccination \$7.00

- Dispense de-wormer (yearly)
Puppy dewormer \$11.00
Heartworm Prevention \$28.00
Heartworm Test \$28.00
Microchip \$53.00

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.

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

Owner or Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: Initial Consultation: \$38.50 Recheck Consultation: \$11.00 Referral Fee: \$23.25

- \*INJURY:
Small Dog
Mild \$44.00 Severe \$165.00
Large Dog
Mild \$66.00 Severe \$209.25

- \*MEDICAL:
Small Dog
Mild \$44.00 Severe \$143.00
Large Dog
Mild \$66.00 Severe \$209.25

- \*EARS/SKIN/TONSILS:
Small Dog
Mild \$33.00 Severe \$104.75
Large Dog
Mild \$49.75 Severe \$115.75

\* Take home medication not included in the price. \*\*Biohazard Fee of \$3.00 added to each invoice

Other: \_\_\_\_\_
Total: \_\_\_\_\_ V / MC / D / CC / Cash
Client account # \_\_\_\_\_ Charges \_\_\_\_\_ Notes \_\_\_\_\_ Call \_\_\_\_\_ Initials: \_\_\_\_\_

