cvc@gilletteveterinarian.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:**________**Sp/Ntr** **Age :**______**Wk / Mth / Yr**

Breed:______________________ **Color:**__________________ **Weight:** ________

Last time pet ate:__________________ **am / pm**

SURGERY:	**VACCINATION:**	**PREVENTATIVE:**
☐**Female Spay** **$53.00**	☐**Yearly Distemper Vaccination** **$35.00** (Initial vax: $31.00)	☐**Dispense de-wormer** (yearly) ◯Topical **$25.00** ◯Oral **$20.00**
☐**Male Neuter** **$38.00** Cryptorchid - Add $45.50	☐**Yearly Leukemia Vaccination** **$40.00** (Initial Vax: $33.00)	☐**Kitten de-wormer** **$12.00** (under 3 months)
☐**Ear punch** **$0.00** (to indicate alter status)	☐**Rabies Vaccination** **$8.00** (every 2 years after initial booster)	☐**Microchip** **$56.00**

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 $41.00 ☐Recheck Consultation $12.00 ☐Referral Fee: $25.00

***INJURY:**	***MEDICAL:**	***EARS:**
☐Mild $47.00	☐Mild $47.00	☐$35.00
☐Severe $112.00	☐Severe $152.00	

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

Other: ____

Client account # ________________ Charges ■ Notes ■ Call ■ Initials: __________

Total: V / MC / D /CC / Cash

Name	Gender	Age	Breed	Color	Weight	Procedure