



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

<u>SURGERY:</u>	<u>VACCINATION:</u>	<u>PREVENTATIVE:</u>
<input type="checkbox"/> Female Spay \$53.00	<input type="checkbox"/> Yearly Distemper Vaccination \$37.00 <small>(Initial vax: \$33.00)</small>	<input type="checkbox"/> Dispense de-wormer (yearly) ○ Topical \$26.00 ○ Oral \$20.00
<input type="checkbox"/> Male Neuter \$38.00 Cryptorchid - Add \$50.75	<input type="checkbox"/> Leukemia Vaccination \$42.00 <small>(Initial Vax: \$35.00)</small>	<input type="checkbox"/> Kitten de-wormer \$13.00 <small>(under 3 months)</small>
<input type="checkbox"/> Ear punch \$0.00 <small>(to indicate alter status)</small>	<input type="checkbox"/> Rabies Vaccination \$9.00 <small>(every 2 years after initial booster)</small>	<input type="checkbox"/> Microchip \$40.00

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 \$46.00 Recheck Consultation \$14.00 Referral Fee: \$28.00

***INJURY:**

Mild \$52.00
 Severe \$125.00

***MEDICAL:**

Mild \$52.00
 Severe \$169.00

***EARS:**

\$39.00

**Take home medication not included in the price. **Biohazard Fee of \$5.00 added to each invoice*

Other: _____

Client account # _____ Charges Notes Call Initials: _____

