

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:								
Mailing Address:		Zip:						
Home Phone:		-						
Cell:								
More s	pace for multiple animals on back of							
Yr	Gender:	Sp/Ntr Age:wk/Mth/						
	Color:	Weight:						
Last time pet ate:								
SURGERY:	**VACCINATION:	PREVENTATIVE:						
*We strongly suggest an E-Collar!		_						
*Female Spay		Dispense de-wormer (yearly)						
under 50 lbs \$74.00	Parvo/Distemper Vaccination (Initial boosters: \$36.00) \$40.00	C<25 \$26.00 C26-60 \$53.00 C>60 \$78.00 Puppy dewormer \$14.00						
	(Initial boosters: \$36.00) \$40.00	Puppy dewormer \$14.00 (under 2 months)						
In heat - Add \$85.00	Bordetella Vaccination \$34.00	Heartworm Prevention						
*Male Neuter	(yearly)	(Box of 6)(May-Oct.) 25(Blue) 26-50(Green) 51-100(Brown)						
under 50 lbs \$68.00	Rabies Vaccination \$10.00	Heartworm Test \$36.00						
50 - 74.9lbs \$90.00	(every 2 years after initial booster)	(Recommended for dogs not previously tested/protected) Microchip \$42.00						
over 75lbs \$112.00		witcrocmp \$42.00						
Cryptorchid - Add \$107.00								
	entify spayed females green ink will be a	pplied to the incision.						
"We want to make your pet Faceb	ook famous! your pet's photo and story on social media, our	website and other marketing materials?"						
Do we have permission to share.	your pet's prioto and story on social media, our	Yes						
		No						
or IV fluids You are to use all responsi	, being responsible for the above describures upon my pet and understand that they do not ge ble precautions against injury, escape, or death of my pet noroughly understood that I assume all risks. I will be responsible my pet.	t an exam, options for pre-anesthetic bloodwork t, but you will not be responsible or liable in any						
After having carefully read the ab	oove, I signed in agreement:							
Owner or Responsible Party		Date:						
* Take home pain medication is	included in the price. **Biohazard Fee of \$	\$6.00 added to each invoice						
Other:								
Client account #	Charges Notes	Call Initials:						

Total:V/1	MC / D /CC / Cash
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	Total:			V / MC / D /CC / Cash		
Name	Gender	Age	Breed	Color	Weight	Procedure
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