



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: _____

More space for multiple animals on back of the same sheet.

Pet's Name: _____ Gender: _____ Sp/Ntr _____ Age : _____ Wk / Mth / Yr

Breed: _____ Color: _____ Weight: _____

Last time pet ate: _____ am / pm

SURGERY:****We strongly suggest an E-Collar!******Female Spay**☐ under 50 lbs \$94.00☐ 50 - 74.9lbs \$122.00☐ Over 75 lbs \$161.00**In heat - Add \$90.00*****Male Neuter**☐ under 50 lbs \$88.00☐ 50 - 74.9lbs \$110.00☐ over 75lbs \$132.00**Cryptorchid - Add \$114.00******VACCINATION:**☐ **Parvo/Distemper Vaccination**
(Initial boosters: \$38.00) \$42.00☐ **Bordetella Vaccination** \$36.00
(yearly)☐ **Lepto Vaccination** \$36.00
(Initial Booster: \$31.00)☐ **Rabies Vaccination** \$11.00
(every 2 years after initial booster)**PREVENTATIVE:**☐ **Dispense de-wormer** (yearly)
☐ <25 \$28.00 ☐ 26-60 \$56.00 ☐ >60 \$83.00☐ **Puppy dewormer** \$15.00
(under 2 months)☐ **Heartworm Prevention**
(Box of 6)(May-Oct.)
☐ <25(Blue) ☐ 26-50(Green) ☐ 51-100(Brown)☐ **Heartworm Test** \$38.00
(Recommended for dogs not previously tested/protected)☐ **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 and understand that they do not get an exam, options for pre-anesthetic bloodwork or IV fluids..** 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: _____

*** Take home pain medication is included in the price. **Biohazard Fee of \$7.00 added to each invoice**

Other: _____

Client account # _____ Charges ☐ Notes ☐ Call ☐ Initials: _____

