

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~

| | e you can be reached today: | | | | | |
|---|---|---|--|--|--|--|
| email: | | | | | | |
| Mailing Address: | | Zip: | | | | |
| Home Phone: | | | | | | |
| Cell: | space for multiple animals on back of | the same sheet | | | | |
| | Gender:S | | | | | |
| Yr | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | Color: | Weight: | | | | |
| Last time pet ate: | am / pm | | | | | |
| | | | | | | |
| **SURGERY: | ** <u>VACCINATION:</u> | PREVENTATIVE: | | | | |
| Female Spay \$76.00 Male Neuter \$60.00 Cryptorchid - Add \$58.00 Ear punch \$0.00 | Distemper Vaccination (Initial vax: \$37.00)\$41.00Leukemia Vaccination (Initial Vax: \$39.00)\$47.00Rabies Vaccination\$11.00 | Dispense de-wormer (yearly) OTopical \$30.00 Oral \$20.00 Kitten de-wormer \$15.0 (under 3 months) | | | | |
| (to indicate alter status) | (every 2 years after initial booster) r identify spayed females green ink will be app | Microchip \$45.0 | | | | |
| "We want to make your pet Fac Do we have permission to share y | ebook famous! our pet's photo and story on social media, our website | and other marketing materials?" Yes No | | | | |
| grant you my consent to perform anesthetic bloodwork or IV fluids. Yo be responsible or liable in any man | , being responsible for the ab a the selected procedures upon my pet and understan You are to use all responsible precautions against injur- mer in connection therewith as it is thoroughly unders a charges including legal fees associated with the treatment of the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected procedures of the selected procedures the selected procedures of the selected proced | nd that they do not get an exam, options for pre - y, escape, or death of my pet, but you will not tood that I assume all risks. I will be | | | | |
| After having carefully read the | above, | | | | | |
| signed in agreement: | | | | | | |
| Owner or Responsible Party | | Date: | | | | |
| **Biohazard Fee of \$7.00 add | | | | | | |

Total:______ V / MC / D /CC / Cash

Call \square Initials: _____

| Name | Gender | Age | Breed | Color | Weight | Procedure |
|---------|--------|-----|-------|-------|--------|-----------|
| Ivallie | Genuer | Age | Dieeu | Color | weight | Tioceutte |
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