



Creston Veterinary Hospital

“Your Hometown Vet”

Spay/Neuter Admission Form

Owner's Name: _____

Pet's Name: _____

- ✓ I would like my pet to receive **IV fluids** (\$60.19+GST) during the surgery. YES NO
- ✓ I would like to have my pet's **nails trimmed** under anesthetic (no charge). YES NO
- ✓ I would like to have my pet **vaccinated** after surgery _____
- ✓ I would like to have a **pre-anesthetic blood profile** done on my pet before surgery to check for any diseases that may not be detectable on physical exam (\$69.21+GST). YES NO
- ✓ I would like my pet to receive post-surgical laser therapy for improved wound healing and pain control (\$11.61+GST). YES NO
- ✓ I understand that if my pet is found to be in “heat”, pregnant, obese, mature or cryptorchid there may be additional charges to cover the additional anesthesia and surgery time involved. In the event that I cannot be reached by phone I give consent for the Creston Veterinary Hospital to proceed with the said procedure. _____ Initials
- ✓ **Permanent Identification:**
 - While my pet is under anesthesia I request a tattoo be placed in the ear as a permanent method of identification in British Columbia in the event that my pet becomes lost or stolen (\$29.78)
 - While my pet is under anesthesia, I request a T-chip microchip be implanted as a permanent international method of identification in the event my pet becomes lost or stolen (\$29.95)
 - I DO NOT want any method of permanent identification at this time.
- ✓ I understand that pain medication may be given after surgery (veterinarian's discretion) costing between \$25-\$75.
- ✓ In the event of an emergency, I authorize the veterinarian to perform any procedure, which in his/her professional judgment is necessary to preserve the life and health of my pet.
- ✓ I agree to pick up my pet within 3 days if a request to do so has been made. In the event that I do not comply, I relinquish ownership of the above named pet to the Creston Veterinary Hospital. This does not relinquish me from my financial obligations for the procedures performed.
- ✓ I hereby release the Creston Veterinary Hospital, its veterinarians and assistants from any and all claims, except claims for negligence, arising out of or connected with the performance of his/her spay/neuter.
- ✓ I certify that I have read and fully understand this authorization for the spay or neuter of my pet and I understand that there is a degree of risk associated with any anesthetic procedure. Pre-anesthetic bloodwork and fluids help to reduce this risk.
- ✓ I take financial responsibility for the spay/neuter of my pet and understand that payment is due when service is rendered.
- ✓ Please note that animal's presenting with *fleas* or *flea dirt* will be treated at the discretion of a staff veterinarian and the cost of treatment will be added to the invoice at your expense.

Owner/Agent's Signature: _____ Date: _____

Phone number I can be reached at today: _____

Would you like to be called after your pet is out of surgery? Yes No

Daytime and 24 hour Emergency Line:

Email:

Office Hours:

250-428-9494

cvh@crestonvet.com

Monday to Friday 9:00am – 5:00pm

Saturday 9:00am – 12:00pm