



Florida Keys SPCA Dogwood Spay/Neuter Clinic

5711 College Rd, Key West FL

Owner First Name: _____ Owner Last Name: _____

Street Address: _____ City, State, Zip: _____

Pets name: _____ Cat/Dog: _____ Breed: _____ Age: _____

Color: _____ Male/Female: _____ Has your pet had any food today? _____

Is your pet currently in heat or pregnant? _____ Do you have a regular veterinarian? _____

Has your pet been ill or had any medications in the past 30 days? _____

Does your pet have any known allergies to vaccines or medications? _____

I hereby request and authorize the Florida Keys Society for the Prevention of Cruelty to Animals, Inc. (FKSPCA) and its Florida State licensed veterinarian to perform an operation for the sterilization of the above animal on the date stated above and to vaccinate, treat and prescribe for said animal as is deemed necessary. I agree to read and adhere to the guidelines of the post-operative discharge instructions and agree to provide proper care after surgery. I further understand and agree that FKSPCA and its veterinarian are not liable for present or pre-existing conditions of health and that although no previous vaccinations are required for this surgery my pet could be exposed to contagious diseases that could be prevented by proper vaccinations. I understand that FKSPCA and its veterinarian will not be held liable or responsible in any manner, or under any circumstances, on account of the care, treatment or safekeeping of the animal or for any condition arising up to and including possible death.

If, in the course of treatment, a condition is discovered which requires immediate medical attention or an additional procedure (such as a hernia repair or IV fluid therapy), the attending veterinarian may, in his/her absolute discretion, perform such procedures, I consent to these procedures and will be responsible for any additional charges. _____ (initial)

If in the case that your pet is found with fleas there will be an additional charge at \$5 for treatment. _____ (initial)

I understand that no pre-operative blood work (*pets under 5) will be performed that may reveal increased risks to anesthesia or surgery. _____ (initial)

Should the veterinarian discover that my animal is pregnant, I give my permission for that pregnancy to be terminated. _____ (initial)

I authorize for my animal to receive a permanent marking of spay or neuter near the surgery site. I understand this practice shows my animal has been altered for future recognition of surgery. _____ (initial)

Sign and print name

Date

Please make a check mark next to the items you would like for your pet		
Rabies	Free	
DA2PP	\$ 15	
Bordetella	\$ 20	
FVRCP	\$ 15	
FeLV/ FIV test	\$ 25	
Feline Leukemia	\$ 20	
Microchip (incl registration)	\$ 25	
Nail Trim	\$ 15	
Fecal & Dewormer	\$ 15	
Anal gland expression	\$ 10	
Heart worm test	\$ 20	

Feline Spay	\$ 110	
Feline Neuter	\$ 100	
Canine Spay		
Canine Neuter		
*Over 5	\$150	

*weight dependant
*weight dependant

Price includes the surgical procedure, all anesthetic monitoring, E-Collar if needed, post-operative pain meds.
*Patients 5 years and older will be required to have pre-surgical bloodwork, IV catheter and IV fluid therapy at an additional \$150**