



Florida Keys SPCA Dogwood Spay/Neuter Clinic

5711 College Rd, Key West FL

| | | | |
|--|--------------|-------------------------------------|---------------|
| Owner first name: | | Owner last name: | |
| Street address: | | City, State, Zip: | Phone number: |
| 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 am utilizing the service to take advantage of this low cost and to support this organization in its effort to prevent the birth of unwanted animals. I further understand and agree that FKSPCA and its veterinarian are not liable for present or pre-existing conditions of health and that no previous vaccinations are required although 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 there from 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 | <input type="checkbox"/> |
| DA2PP | \$ 15 | <input type="checkbox"/> |
| Bordetella | \$ 20 | <input type="checkbox"/> |
| FVRCP | \$ 15 | <input type="checkbox"/> |
| FeLV/ FIV test | \$ 25 | <input type="checkbox"/> |
| Feline leukemia | \$ 20 | <input type="checkbox"/> |
| Microchip (incl registration) | \$ 25 | <input type="checkbox"/> |
| Nail Trim | \$ 15 | <input type="checkbox"/> |
| Fecal & dewormer | \$ 15 | <input type="checkbox"/> |
| Anal gland expression | \$ 10 | <input type="checkbox"/> |
| Heart worm test | \$ 20 | <input type="checkbox"/> |

| | | |
|---------------|--------|--------------------------|
| Feline Spay | \$ 110 | <input type="checkbox"/> |
| Feline Neuter | \$ 100 | <input type="checkbox"/> |
| Canine Spay | | <input type="checkbox"/> |
| Canine Neuter | | <input type="checkbox"/> |
| *Over 5 | \$150 | <input type="checkbox"/> |

*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**