



## Medical Consent Form: Spay/Neuter Surgery

Responsible Party's Name: \_\_\_\_\_  
*first name* *last name*

Home Address: \_\_\_\_\_  
*street* *city* *state* *zip code*

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

\*\*\*\*\* **PLEASE KEEP YOUR PHONE HANDY AS WE MAY NEED TO GET IN TOUCH WITH YOU!**\*\*\*\*\*

### **Cat's Information**

Cat's Name: \_\_\_\_\_ Cat's Sex: \_\_\_\_\_

Cat's Age: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
*(or estimated age if actual age unknown)*

Please list any known health concerns/issues/history  
*(this includes coughing/sneezing/vomiting/diarrhea):* \_\_\_\_\_

Please list any medications your cat is currently taking: \_\_\_\_\_

**TERMS LISTED ON NEXT PAGE**

**The spay/neuter surgery is an elective procedure performed under the American Veterinary Medical Association's approved standards of practice. As with any surgical procedure, complications may arise during or after surgery, and may include (but not limited to) bleeding, infection, organ dysfunction, exacerbation of pre-existing conditions, and in rare cases, death. Risks increase with age and can vary greatly. Please carefully read the form before signing below.**

- By signing this surgery consent form, I am acting as responsible party for this animal, and understand and agree to have the aforementioned animal surgically sterilized. I understand the risks mentioned above, and agree to have the surgery performed.
- I am taking financial responsibility for the surgery, as well as any after-care necessary as a result of the surgery. I do not hold Good Mews Animal Foundation (GMAF) or any of its Staff responsible for further medical care and financial costs incurred after surgery.
- I understand that the Veterinarian will perform a brief physical exam prior to surgery. I understand that the animal may be declined for surgery if the Veterinarian determines their surgical risks are too high and greater than the scope of care GMAF can provide.
- I understand that if the cat is a female, when thought to be a male, or if the male is cryptorchid GMAF will proceed with the appropriate surgery and I will be responsible for additional charges.
- **I understand that the cat (over 12 weeks) will be vaccinated for Rabies if no proof of vaccination is presented at check in. (\$10)**
- **I understand that if the cat is found to have fleas, a Capstar will be administered at my cost (\$5) to prevent infestation of other cats and GMAF facility.**
- I understand that if the cat is found to be pregnant after surgery has begun, GMAF will proceed with surgery, which will terminate the pregnancy and there may be additional charges for time, suture and fluids.
- I understand that if the cat is placed under anesthesia and an abdominal scar is found during prep, the cat will not undergo surgery, and I will be responsible for pre-medication, anesthesia, and recovery costs.
- I understand that the cat will receive a small tattoo on the abdomen to show that he/she has been altered.
- I understand that I will receive post-surgical care instructions, and I assume full responsibility for providing post-surgical care of the cat. GMAF does not provide after-care for animals, and any complications that arise should be directed to my Veterinarian.
- I understand that over-the-counter human medications such as Tylenol, Motrin, Aspirin, Advil etc. are toxic to animals and can result in serious complications including death and should NEVER be given to pets. The cat will receive an injection to help with pain and inflammation lasting 24 hours.
- I understand that payment is required in full at the time of pick up.

\*\*\*\*By signing below, I release Good Mews Animal Foundation Inc, the Veterinarians, Staff, Directors, Officers, Volunteers, and Location from any and all claims arising out of or in connection with the performance of the services requested. I agree that I have and will not claim any right of compensation from them relating to the performance of surgery, vaccines, or any post-operative complications.

Responsible Party: \_\_\_\_\_ Responsible Party: \_\_\_\_\_  
PLEASE PRINT SIGNATURE

Date: \_\_\_\_\_

Good Mews Representative/Witness: \_\_\_\_\_ Date: \_\_\_\_\_



## Rescue Spay/Neuter Cost Sheet

**FOR PATIENTS: Please review the pricing sheet and mark the appropriate selections.**

### SURGERY - *select procedure type*

### COST

	<b>Neuter - Routine</b> (Pain medication, tattoo and nail trim included)	\$50.00
	Cryptorchid Abdominal (Additional Fee) - <i>required if determined by doctor</i>	\$50.00
	Cryptorchid Inguinal (Additional Fee) - <i>required if determined by doctor</i>	\$25.00
	<b>Spay - Routine</b> (Pain medication, tattoo and nail trim included) There may be additional charges for cats with late term pregnancy or pyometra. These costs typically range between \$25-50.	\$65.00
	Umbilical Hernia Repair (Additional Fee) - <i>required if determined by doctor</i>	\$30.00
	<b>Not sure if my cat needs a spay or neuter procedure, because I am unsure of my cat's gender</b>	

### SERVICE/PRODUCT - *select anything you wish to add on to your cat's procedure (optional)*

### COST

	Rabies Vaccine ( <b>Must be given if &gt;12 weeks, if no proof at check in</b> )	\$10.00
	FVRCP Vaccine	\$10.00
	FelV Vaccine	\$15.00
	FELV/FIV/HW Combo Test	\$30.00
	Capstar (24 hour Flea Treatment)	\$5.00
	Revolution (30 day Flea and Tick Prevention)	\$20.00
	Profender (Topical dewormer for hookworms, roundworms and tapeworms) <b>&lt;5.5#</b>	\$15.00
	Profender (Topical dewormer for hookworms, roundworms and tapeworms) <b>5.5-11.0#</b>	\$20.00
	Onsior (2 days of additional pain medications for cats >4 months old)	\$15.00
	Microchip: 1-year registration provided by Good Mews	\$25.00
	Microchip Implant ONLY (hazardous waste / admin fee): (Chip provided by Rescue/owner)	\$2.00

Other abnormalities discovered on exam may require additional treatments such as fluids or antibiotics (typically \$10-30):

**Proceed if needed**

**Notify me before proceeding**

I understand that the above marked items are the estimated costs for the above mentioned cat, and I accept financial responsibility for these costs. I also understand that if additional treatments are required, they will be marked by the Good Mews Surgical Team and I will be financially responsible at the time of pick up.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_