

CONSENT FOR DESEXING

I, **(name)** _____ being a person over the age of eighteen years, of **(address)** _____, daytime contact phone numbers **(phone no.)** _____, being the owner or guardian of **(pet's name)** _____, a **(age of pet)** _____ year/month old dog/cat (**delete one**), give permission for him/her to be desexed by a Registered Veterinary Surgeon.

I have had the 3 Care Options available explained to me and have selected

- Routine Desexing - Sedative, Opioid Pain Relief Injection, Monitored Anaesthetic, Sterile Kit & Theatre, Long Acting Pain Relief Injection & Take Home Pain Relief Tablets
Fee _____
- Extra Care Desexing - Sedative, Opioid Pain Relief, Intravenous Fluids Monitored Anaesthetic, Sterile Kit & Theatre, Long acting Pain Relief Injection, Take Home Pain Relief Tablets
Fee _____
- Premium Care Desexing -Preanaesthetic Blood Screen, Sedative, Opioid Pain Relief, Intravenous Fluids, Monitored Anaesthetic, Sterile Kit & Theatre, Long Acting Pain Relief Injection, Take Home Pain Relief Tablets, Elizabethan Collar.
Fee _____

I understand that all professional care and attention will be given to my pet and have discussed any concerns with a Veterinary Nurse or Veterinary Surgeon.

I have been given an ESTIMATE of the cost involved as described below and I undertake to pay these fees at the time of discharge of the animal from the clinic.

I would also like these other problems checked while my pet is at the Surgery and have detailed my concerns on the Pre-Anaesthetic Check List form. I understand that this may incur a consultation fee. _____

I do have health insurance for my pet Yes No

Signed _____ Date _____

Estimate of Any Other Services to be Performed _____