

Parvin Animal Clinic  
**Elective (Spay and Neuter) Consent Form**

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

What procedure(s) is your pet having done today? \_\_\_\_\_

When did your pet last have: Food? \_\_\_\_\_ Water? \_\_\_\_\_

Please list all medications that your pet has been given in the last 72 hours. This includes all prescription and over the counter medications.

\_\_\_\_\_  
\_\_\_\_\_

**When my pet's surgery is completed, please contact me by (select one below):**

Call or  text # \_\_\_\_\_ Alternate # \_\_\_\_\_

*\*In the event that additional services may be needed, to ensure the health and safety of your pet prior to scheduled procedure, we will attempt to contact you with the given information above. Failure to be reached on the day of the procedure, may result in postponement of the surgery/treatment. \**

**Please review the options below and INITIAL ONE option that will allow us to provide the best care for you and your pet today:**

\_\_\_\_\_ Please do what you believe is in the best interest for my pet while in your care, regardless of additional costs.

\_\_\_\_\_ Only perform and complete the treatments we have discussed and scheduled, please contact me before any additional procedures.

**Parvin Animal Clinic strives to offer the best care and medicine to our patients, and by doing so we like to recommended the following services. Please review and initial any additional services you would like for your pet to have today.**

**Please INITIAL one:** \_\_\_\_\_ Yes, microchip my pet \_\_\_\_\_ No, DO NOT microchip my pet \_\_\_\_\_ Already microchipped

**\$63.95** We offer a **10% discount** off of microchips when they are implanted while under anesthesia. This permanent chip is registered with the information you provide when registering online.

*\*All surgical patients are given pain medications in-house and sent home with medications for pain management thereafter. \**

We provide bedding and all essential necessities for your pet. If you are leaving personal items, please list all belongings below: **LEASH COLLAR HARNESS BLANKET TOY BED CARRIER TOWEL OTHER:** \_\_\_\_\_

*Disclaimer: Kennels are sanitized daily and ALL bedding will be washed and dried. Parvin Animal Clinic is not responsible for items lost or damaged.*

I certify that I am the owner, over the legal age of 18, and financially responsible for the above-named animal, and that having understood the risks involved, including death, have the authority to grant you my consent to receive, prescribe for, treat, induce anesthesia, and/or operate on my pet. All charges, including boarding costs (if necessary), shall be paid upon release of my pet from Parvin Animal Clinic.

After **carefully** reading the above, I have signed in agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date