



Feline Surgery Consent Form

2150 West Liberty
Ann Arbor, MI 48103

(734) 662-4474

STICKER #1

STICKER #2

OHE **Neuter** *(please circle one)*

Procedure Cost	
Add-on Cost	
TOTAL Cost	

***All patients must be up to date on vaccines & heartworm, if not additional charges may apply.**

Fee includes: Surgery, blood work, anesthesia, monitoring of the heart, blood pressure and oxygen saturation during anesthesia, pain medication, nursing care, post-operative laser therapy, and overnight care for OHE and declaws.

It is the policy of our hospital to require a minimum deposit of 75% of the total cost of the procedure. Please leave this payment with the receptionist when your pet is admitted for his/her procedure.

Authorization to treat:

I fully understand the terms of this agreement and do authorize the hospital staff to perform the above indicated services on my pet. It is also agreed that if I do not pay this account as agreed that past due account are subject to costs of collection, including attorney's fees. I am the owner or authorized agent of the owner of the pet presented for care.

Signature: _____

Phone: _____

Employee Initials: _____

Date: _____

In case of cardiac/respiratory arrest: *(please initial one)*

_____ Please do everything reasonably possible to resuscitate. I understand I will be responsible for additional charges.

_____ Please do not attempt resuscitation.