

**National Spay Alliance Savannah**

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

**Surgical Treatment Consent**

Owner's Name (please print): \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: *Dog* or *Cat* Sex: *Male* or *Female* Age: \_\_\_\_\_ yrs/mths

Breed: \_\_\_\_\_ Colors: \_\_\_\_\_

Has this pet ever been seen by a veterinarian? **Yes** or **No**

**Please read the following carefully and initial each statement. Sign consent below and date.**

*Initial*

- \_\_\_\_\_ • I certify that this pet has been free of any illness for at least 30 days.
- \_\_\_\_\_ • I understand that all surgery and anesthesia carries risks and that unforeseen conditions may be present that can not be detected without blood screening and which can increase the risks of abnormal bleeding or death.
- \_\_\_\_\_ • I understand that animals of advanced age or that have never been vaccinated carry increased risks.
- \_\_\_\_\_ • I agree not to hold the participating veterinarian, National Spay Alliance Foundation liable for damages.
- \_\_\_\_\_ • If the veterinarian deems that the animal is not in condition to undergo surgery, surgery will not be performed.
- \_\_\_\_\_ • I certify that all the information regarding my animal is correct and true to the best of my knowledge.
- \_\_\_\_\_ • I understand that if this pet is found to have fleas, I am responsible to pay \$6 for the treatment administered by this clinic.
- \_\_\_\_\_ • I authorize NSAF to use photos taken of me/my pet, for purpose of clinic/social media promotion of program.

**I have read and understand this consent:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

<i>Dog</i>	Weight: _____	<i>Cat</i>	Weight: _____		Donation: _____ \$1, \$3, \$5
\$75	Neuter Dog	\$45	Neuter Cat	\$10	Female In Heat
\$85	Spay Dog	\$60	Spay Cat	\$20 - \$30	Pregnant Female
\$10	Dogs 50 - 60 pounds	\$15	FVRCP (Rhinotracheitis, calici, panleukopenia)	\$30	Undescended Testicle
\$20	Dogs 61 - 75 pounds	\$30	FeLV/FIV Test		Non S/N SX -
\$30	Dogs 76 - 90 pounds	\$25	FeLV (a FeLV/FIV test is recommended before vaccinating)	\$20	Fluid Therapy, SQ
\$15	Da2PP (Distemper, adenovirus, parvo, parainfluenza)	<b>Additional Services</b>		\$10	Flea Treatment
\$15	Da2PP w/Leptospirosis	\$15	Rabies (1 year)	\$10	E-Collar
\$15	Bordatella (Kennel cough)	\$15	Rabies (3 year) <small>Required: written proof of prior vaccine which is not expired</small>	\$10	Pet ID Tag
\$15	Heartworm Test	\$15	Microchip	\$10	Pain Medication
	Additional Anesthesia Time	\$5	Nail Trim with Spay/Neuter	\$20 - \$22	NexGard
\$210	Dental	\$1	Medical Waste Fee	\$8 - \$10	Heartgard/Interceptor
\$55	Feral Package/Ear Tip	\$15	Praziquantel Injection	\$55	Prep Panel
\$5	Client Test/Chip Admin	\$10	Skin Staples	\$70	Comp Panel
		\$55	Bravecto	\$45	CBC

Vaccine Stickers

T= \_\_\_\_\_ P= \_\_\_\_\_ R= \_\_\_\_\_