



Animal Medical Center Of Wyoming

200 E. Lakeway • Gillette, WY 82718 • (307) 682-1507 • Fax: (307) 682-6552 • Email: the.zoo@amcofwyoming.com

SURGERY CONSENT FORM

Owner's name: _____ Surgery date: _____

Address: _____ Home phone: _____

Phone number where we can contact you today (IMPORTANT): _____

Pet's name: _____ Sex: _____ Birthdate: _____

Today's Surgery: Spay Neuter Feline Spay/Declaw Feline Neuter/Declaw Other _____

Breed: _____ Color: _____

Has your pet been held off food since 8:00 p.m. the night before? Yes No

We recommend pre-anesthetic blood work on all our surgeries (\$111.25 Additional):

Accept Decline Please Initial: _____

We have the capability of advanced cardiac monitoring during our surgeries (EKG, pulse oximetry) (\$46.15 Additional):

Accept Decline Please Initial: _____

Post-surgical pain control helps keep your pet comfortable during immediate post-operative and healing phases of surgery. We highly recommend it. (\$30.60 Additional) (Included with feline declaws.)

Accept Decline Please Initial: _____

Thank You for choosing Animal Medical Center

I, being responsible for the above described animal, have the authority to grant you my consent to operate upon pet. You are to use all responsible precautions against injury, escape, or death of my pet, but you will not be responsible or liable in any manner in connection therewith as it is thoroughly understood that I assume all risks. I will be responsible for all fees and service charges associated with the treatment of my pet.

After having carefully read the above, I have signed in agreement:

Date _____ / _____ / _____ Owner or Responsible Party _____