

BRIDGE VETERINARY CARE

DATE _____

Dog Surgery Drop-Off & Consent

CLIENT INFORMATION

Owner / authorized agent:	Primary phone:
Address:	
City / State / ZIP:	Email:
Authorized contact:	Phone:

PATIENT INFORMATION

Dog name:	Breed:	Age:
Sex: ☐ Male ☐ Female	Altered: ☐ Yes ☐ No	Color:
Last meal — date: _____ Time: _____ ☐ a.m. ☐ p.m.		
Health concerns today?		
Current medications (include dose and last time given):		

TODAY'S PROCEDURE AND REQUESTED SERVICES

Primary procedure: ☐ Spay ☐ Neuter ☐ Other:
☐ Heartworm test (circle one): HWT \$40 / 4DX \$69 ☐ Microchip (\$50) ☐ E-collar (cone) (\$_____) ☐ Other:

AUTHORIZATION

AUTHORIZATION. I certify I am the owner of the pet named above, or an authorized agent or caretaker with lawful authority to consent to veterinary care, and authorize the veterinary team to perform the listed procedures as medically appropriate. I understand all procedures carry inherent risks and outcomes cannot be guaranteed. This estimate reflects anticipated fees; additional or unforeseen care may be required, and charges may vary by up to 15%, excluding separately authorized CPR/emergency measures. A deposit equal to the low end of the estimate is due before services; the remaining balance is due in full at discharge. I understand my dog is expected to be picked up by 5:30 p.m. today. If my dog needs to stay longer, Bridge Veterinary Care will call me, and I will sign an additional hospitalization authorization. I am responsible for all additional charges. I understand that Bridge Veterinary Care may photograph my dog and use the photos on its website, social media, and promotional materials.

Signature: _____

OFFICE USE ONLY

Procedure(s): _____	Anesthesia: ☐ Routine ☐ Non-routine
Admitted by: _____	E-collar size: _____
Fee: \$_____ Paid: ☐ Cash ☐ Credit card ☐ Other: _____	