

## SPAY/NEUTER SURGERY CONSENT FORM



**831-443-8387**

|                 |                 |                |
|-----------------|-----------------|----------------|
| <b>Owner:</b>   | <b>Patient:</b> | <b>Date:</b>   |
| <b>Case No:</b> |                 | <b>Species</b> |
| <b>Street:</b>  |                 | <b>Sex:</b>    |
| <b>City:</b>    |                 | <b>Age:</b>    |
| <b>Phone:</b>   |                 | <b>Breed:</b>  |

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give Harden Ranch Veterinary Hospital, their agents, servants, and/or representatives full and complete authority to perform the treatments and or surgical procedures described as:

Feline Spay
Feline Neuter
Canine Spay
Canine Neuter

I understand that during the performance of the foregoing procedures and/or operations, unforeseen conditions may be revealed that necessitate an extension or change in the procedures or treatments set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are considered therapeutically and/or diagnostically necessary in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medications and understand that veterinary service is provided during the nighttime hours only as necessary in the judgment of the attending veterinarian.

I have been advised as to the nature of the procedures or operations and the inherent risks involved. I realize that results cannot be guaranteed and complications can occur even under the best of conditions. I have read and understand this authorization and consent.

*Pain management during and after surgery is included in the standard spay/neuter fees. Send home pain management medication may be needed in the veterinarians professional opinion. These medications may be included at your expense, unless specifically declined by initialing here \_\_\_\_\_*

**PAYMENT IS DUE UPON RELEASE**

*Signature of Owner/Agent:* \_\_\_\_\_

*Emergency Phone #* \_\_\_\_\_

### Optional Procedures Consent

*Please read carefully*

Your pet is being admitted for anesthesia/surgery. The health and safety of your pet is our foremost concern- we will perform a complete physical exam prior to administering anesthesia. We also strongly recommend the following optional procedures

- 1) For all dogs and cats- to improve anesthetic safety we recommend a pre-anesthetic blood profile- these tests will help to insure that your pet is in a low risk category during anesthesia by ruling out pre-existing internal problems (i.e., liver or kidney) or anemia that may not be evident on physical exam. Depending on the results of these tests, we may adjust the dose or types of anesthetic used or advise delaying anesthesia until the problem is investigated further.
- 2) For Dogs- a heartworm test if your dog is not currently on prevention
- 3) For Cats- a Feline AIDS/Feline Leukemia test if your cat goes outside unsupervised

***Please indicate if you wish these tests to be performed by initialing below.***

|                                      |            |
|--------------------------------------|------------|
| Pre-anesthetic blood profile         | \$55.00-70 |
| FIV/Feline Leukemia Test (Cats only) | \$39.00    |
| Heartworm Test (Dogs only )          | \$29.50    |

**While your pet is under anesthesia, would you like any of the following services to be performed?**

|  |  |
|--|--|
| <input type="checkbox"/> <b>Nail trim \$13.00 Cats \$15.00 Dogs</b>              | <input type="checkbox"/> <b>Minor Ear cleaning \$28.00</b>                   |
| <input type="checkbox"/> <b>Dental cleaning (during general anesthesia only)</b> | <input type="checkbox"/> <b>Bathing/Comb out mats</b>                        |
| <input type="checkbox"/> <b>Anal Gland expression \$24.00</b>                    | <input type="checkbox"/> <b>Flea/tick treatment (Frontline or Advantage)</b> |
| <b>Vaccinations:</b> _____   | <input type="checkbox"/> <b>RESQ microchip \$52.00</b>                       |
| <input type="checkbox"/> <b>Fecal Parasite Analysis \$31.00</b>                  | <input type="checkbox"/> <b>Feline Leukemia/AIDS Test \$39.00</b>            |