

<company>

Canine Ovariohysterectomy/Neuter Consent Form



Date: <date>

Owner: <first-name> <last-name>

Client # <folder>

Patient: <animal>

Breed: <breed>

Age: <age>

Sex: <sex>

Dr. Fred Schneider / Dr. Kristen Endsley/ Dr. Samantha Monier

Our greatest concern is the well-being of your pet. The doctor will perform a physical examination before administering anesthetic agents. Anesthesia carries some risk, even though it may be small. Blackhorse Animal Hospital's doctors and staff utilize safe anesthetic protocols for all of our patients. Some patients, will already have received an estimate that includes bloodwork, IV fluids, & take home pain medication. All patients will receive minimum bloodwork; **however, we recommend for our geriatric pets with existing conditions the bloodwork option below. This bloodwork provides a more thorough screening but for an additional cost.**

The blood work option below provides a more thorough screening for an additional cost.

Catalyst Chem 17 Clip \$45.00 Accept or Decline

(All pets will receive IV fluids to maintain blood pressure; reduces post-operative renal failure, and provides immediate access to heart, should an emergency occurs. **Note: <animal> hair will be clipped for catheter placement.**)

When <animal> is examined and is found to have retained baby teeth would you like to have them extracted? **(There is an additional charge of \$10.00 per tooth to extract baby teeth)**

Accept or Decline

While your pet is in the clinic, would you like the following additional services performed?

- Toe Nail Trim..... \$5.00 (Reg. \$15.00) Accept or Decline
- Ear Cleaning\$5.00 (Reg. \$10.00) Accept or Decline
- Anal Glands.....\$5.00 (Reg. \$15.00) Accept or Decline
- Microchip\$45.00 (Reg. \$50.00) Accept or Decline
- Fecal Analysis \$20.00 Accept or Decline
- Heartworm Test \$35.00 Accept or Decline

Does <animal> need any heartworm prevention or flea prevention to go home?

Are there any concerns or questions regarding <animal> that you would like to discuss with the doctor? _____

Does <animal> have any sensitivities or allergies to any medications?

If <animal> is found to be pregnant at time of surgery do you want to continue with surgery?

Yes _____ No _____

All current/ new patients are required to have physical yearly exam, with our Doctor within one year, at an additional cost of \$60.00 _____ Int.

All patients left in our care for any reason must be current on Rabies, DHLPP and Bordetella. If proof of vaccination is not available, I give my permission for the staff of Blackhorse Animal Hospital to update my pet's vaccinations.

According to our records <animal> will be due for; Rabies, Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo, Bordetella, Canine Influenza H3N8, Canine Inluenza H3N2

NOTE: IF THE PATIENT IS DETERMINED TO BE OBESE (INTERNALLY), PREGNANT, IN "HEAT", OR CRYPTORCHID (RETAINED TESTICLE), WILL BE CHARGED AN ADDITIONAL FEE. ANY FLEAS AND /OR TICKS FOUND ON YOUR PET WILL BE TREATED AT YOUR EXPENSE.

I have been advised as to the nature of the procedure or surgery described above and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or surgeries. I realize that results cannot be guaranteed, I further realize that I am responsible for full payment at time of discharge. I understand that unforeseen conditions may extend the procedures or surgeries and that if this happens, Blackhorse Animal Hospital staff will try to contact me to discuss these conditions. If I cannot be reached, I consent to having Blackhorse Animal Hospital take the steps necessary to help ensure the safe care of my pet.

Signature: _____ Date: <date>

Please circle the following phone numbers you would like to be reached at

Work: <business> _____ Cell: <cell-phone> _____

Home: <area>-<phone> _____