

SPAY/NEUTER TREATMENT CONSENT FORM

OWNER OF ANIMAL: _____

ADDRESS: _____

EMAIL: _____

PET'S NAME : _____ **BREED:** _____

DATE: _____ **SEX:** _____ **AGE:** _____

Please note our economy spay and neuter fees include the following: Our base price includes the services that we feel are the most important for a successful surgery and a comfortable experience for your pet.

1. A pre-anesthetic assessment - The doctor listens to the heart and lungs, checks the gums to make sure they are not pale and make sure your pet is not dehydrated, checks the temperature and weight.
2. **IV Catheter and Fluids** The IV catheter provides quick access to the veins case of an emergency. The fluid helps regulate blood pressure, protects the kidneys and liver, and prevents dehydration.
3. Gas anesthesia using isoflurane.
4. Pulse oximeter monitoring of oxygen level and heart rate.
5. 2 injections of pain medication that will last a total of 24 hours.
6. The surgery itself.
7. Pain medication/anti-inflammatories while in the hospital and to go home.

***There is an additional fee for males if both testes are not in the scrotum (cryptorchid) or for females that are in heat, pregnant, obese, or have any other abnormalities.**

***All spays and neuters require a current exam to ensure the health of the patient.**

It is our goal to keep the spay and neuter surgeries as reasonably priced as possible to encourage everyone to have this important surgery done. There are several other services that we feel are important to offer. **They are available at an additional fee-** You are welcome to call ahead of time to get pricing on any additional services you are interested in and a full estimate will be presented to at time of check in.

1. **Laser Upgrade** - The CO₂ laser seals as it cuts, this results in very little bleeding as many of the vessels are sealed. The nerve endings are also sealed so they transmit less of the pain sensation. This results in a smoother, less painful recovery period with less tissue damage.

Cat yes _____ no _____

Dog yes _____ no _____

2. **Pull Baby Teeth** - Most pets should have lost all of their baby teeth by the time they are 6 months of age (depending on breed). If these teeth do not fall out on their own by this time, we strongly recommend removing the teeth at the time of the neuter or spay. You may opt to wait to see if the teeth fall out on their own at a later date, however, if the teeth do not fall out and need to be removed in the future, there will be an additional anesthetic charge.

yes _____ no _____

3. **Elizabethan Collar** - This is the lamp-shade looking device that goes on your pets neck to help prevent licking/chewing of the incision site. Not all pets need this but it is handy to have available in case your pet starts doing this at a time when you cannot come by to purchase one.

Plastic yes _____ no _____ Soft Inflatable yes _____ no _____

OWNER OF ANIMAL: _____ **DATE:** _____

5. **Microchip** - Although this can be installed at any time, it involves a fairly large needle so if done while your pet is under anesthesia and already getting pain medication, the procedure is more comfortable. Our microchip includes lifelong registration. If it is done today under anesthesia there is a \$10.00 savings.

Chip yes _____ no _____

6. **Pre-anesthetic Blood Testing** - We can run a screening test in house on younger animals that only takes 5 mins. Or we can use an off-site laboratory to run a very thorough test of approximately 35 different things, including a CBC for anemia and white blood cell problems, testing for liver, kidney, electrolyte problems, diabetes, thyroid levels and many other things. **This full panel blood test is required for animals 7 years or older.**

In house panel (optional if under the age of 7) yes _____ no _____
full panel at lab (depending on panel run, **required** if 7 yrs or older) yes _____ no _____

7. **Sedatives To Go Home** – In order to keep your pet calmer during the 2 week recuperation period we can send home sedatives.

yes _____ no _____

8. **Nail Trim** - Discounted yes _____ no _____

9. **Anal Gland Expression**-Discounted charge \$10.55 yes _____ no _____

10. Would you like a refill on your Revolution or Trifexis today? yes _____ no _____

We currently have a promotion where you receive a rebate or free doses. Remember all year is flea time of year.

Photo release: I give my permission for the Animal Hospital of Newport Hills to use photos of my pet.

I understand that the Animal Hospital may use them on social media sites, for advertisements or any other format the Animal Hospital may choose. I release the Animal Hospital of Newport Hills, its employees and/or office from any violation of any personal or proprietary right I may have in connection with such use.

Yes _____ No _____

I certify that I own the above described animal and authorize the Animal Hospital of Newport Hills to hospitalize said animal. During this time they may administer vaccinations, medication, tests, surgical procedures, anesthetics, or treatments they deem necessary for the health, safety, and well being of my pet while under the care and supervision of the hospital. I understand that there are inherent risks associated with anesthetic, medical, and surgical procedures, including death. I authorize the doctors of the Animal Hospital of Newport Hills to initiate care to address these complications should they arise while under their care. In the event of an emergency, the hospital will make every reasonable attempt to contact me so that I am aware of the situation, so that I am involved in medical decisions. The contact phone numbers in the chart are correct. If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill, or die while in the hospital, I will hold the Animal Hospital of Newport Hills and the staff free of all responsibility and/or liability in the absence of gross negligence. I understand that veterinary staffing is not provided overnight and I am aware that my pet will be unattended during this time. I am aware that there are veterinary hospitals open overnight but I elect to leave my pet at the Newport Hills Animal Hospital instead of pursuing a transfer.

I further realize that I am responsible for payment of all above mentioned procedures/treatments in full at the time of my pet is discharged. If I neglect to pick up the animal within fourteen (14) days of notice that it is ready for release, the Animal Hospital of Newport Hills may assume that the animal has been abandoned per sec. 16.54.010 of the Washington legal code. In such instances, the Animal Hospital is then authorized to dispose (adopt) of my pet as they see fit. Abandonment, however, does not release me of my obligation for payment of said bill.

I further agree that in case of non-payment, to pay a finance charge of 1.5 percent per month (18 percent per annum), a \$2.00 month billing charge and any and all collection and attorney's fees incurred by the Animal Hospital of Newport Hills relating to this manner.

Phone number contact for treatment day: _____

Signature: _____

OWNER OF ANIMAL: _____ **DATE:** _____