



Pet's name \_\_\_\_\_ Owner Name \_\_\_\_\_

**Presurgical Consent Form-Ovariohysterectomy (Spay)**

In order to keep elective procedures affordable, we offer many options for you to feel comfortable with the level of care your pet receives during its surgical procedure.

**Pre surgical blood testing**

Blood testing to evaluate liver and kidney function and red blood cell count can help us better reduce the risk of anesthetic complications. This test is recommended, but optional for animals less than 7 years old and required for pets over 7 years old (unless blood tests ran within last 3 months were normal)

Cost: \$90.00

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**IV Catheter and fluids- Included for all Ovariohysterectomy**

**Pain medication**

All pets receiving surgery receive a short acting sedative and pain medication before surgery. Although animals are good at hiding their pain, many routine procedures can cause post-operative pain. We recommend pain medication to be given at home after all surgical procedures, our doctors and technicians are happy to discuss if you have questions.

Pain medication to go home cost: \$50-100

Accept \_\_\_\_\_

Decline \_\_\_\_\_

All spay surgeries include post operative therapeutic laser treatment which is a non-invasive way to relieve pain, reduce swelling, and speed healing.

**Feline pain medication given in hospital is effective for 3 days – which is given at time of surgery.**

Does your pet need sedatives post op?

Accept \_\_\_\_\_

Decline \_\_\_\_\_

***Additional charges may apply if my female pet is in heat/pregnant /obese and/or over 1 year of age.***  
 \_\_\_\_\_ (initial)

**Additional procedures:**

Physical exam(\$63) Yes No Vaccination(varies) Yes No Microchip(\$53) Yes No

Fecal testing (\$35) Yes No Toe nail trim (included) Yes No Anal glands(\$25) Yes No

**Flea control:**

To maintain a flea free environment, any pet admitted to Wilderness Animal Hospital with evidence of fleas will be given a Capstar© tablet to kill the fleas at a cost of \$13.00 to the owner.

**Food/Medication:**

Last time fed: \_\_\_\_\_AM/PM

Last time medication given: \_\_\_\_\_AM/PM

Name of medication(s): \_\_\_\_\_

**Release:**

*I am the owner or caretaker of the pet and am over 18 year of age. I assume responsibility of care after surgery and authorize the doctors at Wilderness Animal Hospital to perform the surgery. While performing the surgery should the doctor find the procedures(s) to be more involved resulting in additional cost, I will be contacted at the phone number below. If I cannot be contacted, I authorize the doctor to perform the necessary procedure at his/ her best discretion.*

*I understand full payment is required when the patient is discharged.*

Signature of owner/caretaker \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Emergency phone # where you can be reached TODAY ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_**