



Neuter Surgery Procedure Consent - Feline

Client Name:
Address:

Patient Name:
Species:
Breed:
Sex:
Color:

Phone Number:

Anesthetic and surgical procedure(s) to be performed: **Castration (Neuter)**

I, the undersigned owner or agent of the pet identified above, authorize the staff of Wilderness Animal Hospital to perform the above procedure(s).

Food/Medication:

Last time your pet ate: _____ AM/PM Last time your pet received medication: _____ AM/PM

Name of medication(s): _____

Pre-Surgical Blood Testing:

☐ Accept ☐ Decline ☐ Already Done ____ / ____ / ____

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).

Pain Injection Included for all feline neuter procedures:

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 require pain medication to be administered after all feline neuter procedures, our doctors and technicians are happy to discuss if you have questions. **An injection of Buprenex SR will be given, this pain medication will last for 3 days.***

Please indicate your preference: ☐ Elizabethan collar ☐ Surgical Suit

In order to prevent your pet from irritating or removing sutures while self grooming, elizabethan collars (E- collars) are used to prevent your pet from licking/biting its wound or using its limbs to scratch their head or ears.

Additional procedures (additional fees apply):

Physical Exam ☐ Yes ☐ No

Microchip ☐ Yes ☐ No

Anal glands ☐ Yes ☐ No

Vaccination(varies) ☐ Yes ☐ No ☐ None Needed

Fecal testing ☐ Yes ☐ No

Toe nail trim **(included)** ☐ Yes ☐ No

*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 \$21.00 to the owner.

Would you like to have a photo update of your pet? Yes ☐ No ☐

Photos are sent through our app "PetDesk". Please ask reception for more information or to help download our app.

☐ **I understand that my pet's procedure will be performed in the morning OR in the afternoon.**

Our surgery staff will call you to set up a discharge time once your pet's procedure is completed.

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: _____

Date: _____

Emergency phone number at which you can be reached today : (_____) _____ - _____

Patient's Belongings: _____

Anesthesia / Surgical Consent

Anesthetic and surgical procedure(s) to be performed: **Neuter**

I, the undersigned owner or agent of the pet identified above, authorize the staff of Wilderness Animal Hospital to perform the above procedure(s).

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the attending veterinarian will perform appropriate life saving measures unless you decline such measures:

- ☐ I give permission for life sustaining procedures - CPR (Cardiopulmonary Resuscitation)
☐ I do not give permission for life sustaining procedures - DNR (Do Not Resuscitate)

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

A pre-anesthetic exam will be performed on your pet prior to the surgical procedure. Pre-anesthetic blood work is recommended for all pets and required for pets over 7 years of age.

I have read and fully understand the terms and conditions set forth above.

I am the owner (or agent for the owner) of the above described animal, am over the age of 18 years old and have the authority to execute this consent.

Notice regarding overnight hospitalization

At Wilderness Animal Hospital, between the hours of 7pm and 7am there is no staff present to monitor or treat patients. If the veterinarian managing the case feels that it is in the patient's best interest to be monitored overnight, you will be advised prior to 7pm and asked to transfer your pet to a facility for overnight care. We currently recommend BluePearl Specialty + Emergency Pet Hospital in Tacoma. They can be reached at (253) 474-0791.

If you have any questions regarding our policy, please do not hesitate to ask.

I have read and understand this authorization and consent. I take full responsibility for payment at the time of service.

Signature of Owner: _____

Date: _____

Phone number(s) at which owner can be reached today or tomorrow: (_____) _____ -
