

# Animal Hospital of Whitfield County

## Canine/Feline Spay and Neuter Release Form

Owner \_\_\_\_\_ Pets Name \_\_\_\_\_ Date: \_\_\_\_\_

OHE \_\_\_\_\_ In Heat \_\_\_\_\_ Pregnant \_\_\_\_\_ Castration \_\_\_\_\_ Cryptorchid \_\_\_\_\_

___ KOVA50: K-9 Ovariohysterectomy 1-50 LBS	\$330	___ KCAST50: K-9 Castration 1-50 LBS	\$310
___ KOVA51: K-9 Ovariohysterectomy 51-100 LBS	\$360	___ KCAST51: K-9 Castration 51-100 LBS	\$330
___ FOVA: Feline Ovariohysterectomy	\$300	___ FCAST: Feline Castration	\$230

ANIND: Anesthesia Induction	ANIND: Anesthesia Induction
ANINH: Anesthesia Inhalation	ANINH: Anesthesia Inhalation
HOSSX: Hospitalization Post-Operative	HOSSX: Hospitalization Post-Operative
PNMGT: Pain Management	PNMGT: Pain Management
PolySX: Antibiotic Injection	PolySX: Antibiotic Injection
VITMON: Monitoring of Vital Signs	VITMON: Monitoring of Vital Signs
POPNMG: Post-Operative Pain Management	POPNMG: Post-Operative Pain Management
IVCSX: IV Catheter	IVCSX: IV Catheter
IDPRSX: Idexx Pre-Surgical Panel Includes CBC-CHEM10	IDPRSX: Idexx Pre-Surgical Panel Includes CBC-CHEM10

The above pricing is for the **UNCOMPLICATED** procedures. In the event we experience a surgical complication such as your pet being in HEAT, PREGNANT, HAVING a PYOMETRA (infected uterus), being a UNILATERAL or BILATERAL CRYPTORCHID or being OBESE (BCS > or = to 7/9). **ADDITIONAL CHARGES MAY BE APPLIED.**

Pre-Anesthetic Blood Work is the for the safety and wellbeing of your pet. Bloodwork will not be required if your pet has had bloodwork (CBC/Chem10 or greater) performed within the last 90 days and has assessed as being NORMAL. A credit of \$67 will be applied. **DATE LAST BLOODWORK PERFORMED:** \_\_\_\_\_ **STAFF INITIAL:** \_\_\_\_\_

**RECOMMENDED OPTIONAL SERVICES: Initial if you want to have the services below.**

\_\_\_ Fecal Testing: \$30.75 To ensure your pet is free of intestinal parasites that may be harmful to your pet or potentially contagious or harmful to your family. Roundworms, Hookworms and Tapeworms are potentially transmissible to humans through oral contact with soil contaminated with infected feces. DECLINE \_\_\_ ACCEPT \_\_\_

I, hereby authorize the indicated procedures to be performed by the admitting veterinarian, or designated veterinary associates(s), and/or veterinary assistants.

I understand the above anesthetic, diagnostic and surgical procedures may involve risk of complications, injury or even death, from both known and unknown causes. No warranty or guarantee has been expressed or implied as to result or cure.

Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine, elective, and emergency services rendered.

Signature \_\_\_\_\_ Emergency Contact # \_\_\_\_\_ Date \_\_\_\_\_

