

Blackhorse Animal Hospital

Feline Ovariohysterectomy/Neuter/Declaw Consent Form



Owner: _____ Client _____

Patient: _____ Age: _____ Breed: _____ Sex: _____

Dr. Fred Schneider / Dr. Kristen Endsley

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, due to age, or pre-existing conditions will already have received an estimate that includes bloodwork, IV fluids, or 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.**

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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.)

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

Toe Nail Trim.....	\$5.00 (Reg. \$10.00)	Accept or Decline
Ear Cleaning	\$5.00 (Reg. \$10.00)	Accept or Decline
Anal Glands.....	\$5.00 (Reg. \$10.00)	Accept or Decline
Microchip	\$45.00 (Reg. \$50.00)	Accept or Decline
FELV/FIV/ Heartworm Test.....	\$45.00	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?

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, FVRCP. 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, FVRCP, FELV

NOTE: IF THE PATIENT IS DETERMINED TO BE OBESE (INTERNALLY), PREGNANT, IN "HEAT", OR CRYPTORCHID (RETAINED TESTICLE), WILL BE CHARGED AND 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: _____

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

Work: _____ Cell: _____

Home: _____ Other: _____

13203 Fry Road, Suite 1200
Cypress, Texas 77433
832-220-1380 or Fax 832-2201385