Blackhorse Animal Hospital Canine Ovariohysterectomy/Neuter Consent Form



Date:					
Owner:		Client #			
	Breed:		Sex:_		
Dr. Fred Schne	eider / Dr. Kristen End	dsley/ Dr. Sama	ntha Monier		
before administ Blackhorse Anii Some patients, pain medication geriatric pets i more thorough	ering anesthetic agents mal Hospital's doctors will already have recei n. All patients will recei with existing condition h screening but for ar	s. Anesthesia ca and staff utilize s ived an estimate ive minimum blooms the bloodwo an additional cos	arries some rafe anesthe that includes odwork; <u>how</u> ork option be	perform a physical examination risk, even though it may be small. tic protocols for all of our patients. It is bloodwork, IV fluids, & take home vever, we recommend for our pelow. This bloodwork provides a single for an additional cost.	
Catalyst	Chem 17 Clip		\$50.00	Accept or Decline	
failure, a		e access to hear	rt, should an	re; reduces post-operative renal emergency occurs. Note: Your	
•	mal is examined and is ere is an additional c		•	teeth would you like to have them o extract baby teeth) Accept or Decline	
While your pe	t is in the clinic, wo	ould you like th	e following	additional services performed	
Toe Nail Trim		\$5.00 (Reg.	\$15.00)	Accept or Decline	
Ear Cleaning		\$5.00 (Reg.	\$10.00)	Accept or Decline	
Anal Glands		\$5.00 (Reg	. \$15.00)	Accept or Decline	
Microchip		\$45.00 (Re	g. \$56.00)	Accept or Decline	
Fecal Analysis		\$23.00		Accept or Decline	

Accept or Decline

Does your animal need any heartworm prevention or flea prevention to go home?
Are there any concerns or questions regarding your pet that you would like to discuss with the doctor?
Is your pet on any medications? Any sensitivities or allergies to any medications (oral or injectable)?
If your pet is found to be pregnant at time of surgery do you want to continue with surgery? YesNo
All current/ new patients are required to have physical yearly exam, with our Doctor within one year, at an additional cost of \$63.00 Int.
All patients left in our care for any reason must be current on Rabies, DHLPP and Bordetella. 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 your pet will be due for; Rabies, Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo, Bordetella, Canine Influenza H3N8, Canine Inluenza H3N2
NOTE: IF THE PATIENT IS DETERMINED TO BE OBESE (INTERNALLY), PREGNANT, IN "HEAT", OR CRYPTORCHID (RETAINED TESTICLE), WILL BE CHARGED AN 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: Date <i>:</i>
Please circle the following phone numbers you would like to be reached at
Work: Cell:

Home: ____