

Animal Hospital of East Davie Spay/Neuter Consent Form

_____ will be undergoing spay/neuter using anesthesia today. In order to provide the best and safest care during this procedure, we require that you pet be fully vaccinated, negative for heartworm disease and/or negative for Feline Leukemia and Feline Aids. We **STRONGLY RECOMMEND** a pre-anesthetic blood profile to ensure your pet is at low-risk for anesthesia. 10% of all apparently healthy pets will have a blood abnormality, which may require a change in anesthetic protocol or possible the cancellation of the surgery for that day. We have in-house technology that allows us to run accurate blood work minutes before anesthetic induction. In addition, these tests will serve as reference values should your pet become ill in the future.

Please Note

If your pet has not been seen here before, or has not had a physical exam within the past 6 months you will be charged for the pre-operative physical exam..... **\$38.00**
 If your pet has fleas, it will be given and oral or topical flea product and the fee will be added to your bill----- **\$10.00 - \$20.00**
 We will not perform surgery on your dog if it is 6 months or older and is not current on heartworm prevention or testing within the last 12 months.
 All animals will be given a complimentary nail trim while under anesthesia.
 There is an extra fee if your pet is in heat or pregnant ----- **\$15.00**

BLOODWORK

_____ Mini-panel with PCV- Recommended for all pets..... **\$47.00**
 _____ Profile/CBC- **Required** for pets over 5 years **\$79.00**
 Additional testing may be required including, ECG, BP, and/or fluids..... \$ _____
 Microchip implant while under anesthesia, includes registration..... **\$40.00**
 FIV/FELV testing (feline only)..... **\$45.00**
 Heartworm testing (canine only)..... **\$34.00**

I realize and accept that there is risk involved with general anesthesia and understand that the doctor and staff at Animal Hospital of East Davie will take every precaution during the care of my pet.

I have read this document and realize and accept that there may be additional charges for fluids, changes in protocol, or medications dispensed as deemed necessary by the veterinarian. I understand that my pet will have his/her nails trimmed during the procedure.

SIGNATURE OF

OWNER: _____ DATE: _____

PHONE NUMBER OF CONTACT TODAY: _____

I decline the recommended pre-anesthetic blood work and request that you proceed with anesthesia (Initial) _____