

**MINNIEVILLE ANIMAL HOSPITAL
SPAY / NEUTER**

Owner:	Date of Arrival:
Pet Name:	Date of Departure:
Cell Phone:	Emergency Contact:

PROCEDURE: _____

All pets will be administered Capstar at a charge of \$6.00 upon arrival to prevent any flea infestation of pets and facility. I also understand that my pet's vaccines must be up to date. DOG – Rabies, Distemper, Influenza and Bronchitis and a current heartworm test; CAT- Rabies, Distemper, and Feline Leukemia. Any vaccines needed will be given at the owner's expense.

I understand that hospital hours are Mon , Wed , Thur & Friday 6:30 AM to 8: 00 PM, Tues 6:30 AM to 7:00 PM and Saturday 8:00 AM to 3:00 PM, and that when the hospital is closed there is no one in the building. If my pet needs supervision outside of normal hours, I understand that I am responsible for transferring my pet to one of the facilities in the area which provides care during the hours the hospital is closed.

I understand the reasons surgery, its advantages and possible complications, as well as possible alternative modes of treatment, as explained by the doctor. I also understand that no guarantee can be made as to the result from said procedures. Because no surgery or anesthesia is without risk, however small, it is advisable to perform a pre-surgical / anesthesia blood count and basic organ function test. Knowing how certain body organs, such as the kidney and liver, are function in is important when your pet has to undergo anesthesia. The body rids itself of the anesthesia using one of these organs. If one of these organs is not functioning properly, the veterinarian can adjust the anesthesia accordingly, therefore decreasing the risk to your pet. Your doctor may have already recommended this procedure, or a more extensive organ function test (a complete blood count and health profile).

For animals under the age of 7 years only The Pre surgical screening cost is \$ 55.00.
I elect to have a Pre surgical screening _____. I decline to have Pre surgical screening
_____.

If your Pet is over the age of 7 years old, a Health Profile # 4 is required in order to administer anesthesia. \$ 160.00

The test results will be available to the doctor before anesthesia. Should there be any abnormalities, the doctor will either contact you before proceeding or take the necessary steps to help insure the safe return of your pet.

Micro chipping \$ 60.00 _____ Retained Baby Teeth Removal _____
Post Op Laser Therapy.....Promotes faster recovery time..... \$ 15.00 _____
Nail Trim \$ 20.00 _____ Nail Trim W/ Dremmel ... \$ 39.00 _____

******* PLEASE READ AND SIGN THE OTHER SIDE *******

I understand that there is no test to confirm pregnancy in my pet prior to spaying.

Signature: _____

If in the event my pet is found to be pregnant during the spay procedure:

Please initial by your choice.

_____ **Notify me and continue with the spay procedure.**

_____ **Notify me and stop the spay procedure. I understand that there will be a fee of \$ 100.00 if the procedure is stopped to cover the surgical & sedation cost. I will not hold Minnieville Animal Hospital responsible for any birth issues If the spay procedure is aborted.**

PAYMENT I understand that it is hospital policy that payment is made at the time of service, unless prior written arrangements are made with the veterinarian. I also understand that I am responsible for any costs incurred due to my account being turned over to an attorney for immediate collection.

****+** IN THE EVENT YOUR PET GOES INTO CARDIAC ARREST.....**

PERFORM CPR _____ DO NOT RECESSITATE _____

SIGNATURE _____ DATE: _____