

Pet's Name: _____ Age: _____ Owner: _____

Please read and sign the following consent form. If you have any questions, please make sure they are answered to your satisfaction before signing the form. I authorize the Doctor(s) of Wallburg Animal Hospital to perform the following procedure: _____ on my pet. All surgical procedures are performed by a Licensed Veterinarian and I understand that hospital support staff may be used as deemed necessary by the Veterinarian. I understand all pets must be current with vaccines and free of fleas and other external and internal parasites to be admitted into the hospital and the hospital may satisfy these requirements, at the owner's expense.

Wallburg Animal Hospital has the best interest of your pet in mind. Our doctor(s) and staff take every precaution to prevent adverse events related to surgery or anesthesia. This may include physical exam, monitoring of heart rate, respirations, and pulse oximetry. If an emergency situation arises during surgery or recovery, your pet WILL be treated with emergency drugs, if needed, at your expense. To further reduce the risk of adverse events, additional preoperative screenings can be performed. Please check the level of screening you wish for your pet to receive. If no choice is initialed, Level 1 will be performed on pets under 7 years old; and Level 2 will be performed on pets over 7 years old. If our doctor has a concern about your pet's health, she may elect not to perform surgery without labwork. Initial choice of ONE option only:

- _____ Level 2: This includes a pre-surgical brief physical exam and mini chemistry. This level is required for all pets 7-10 years old.
- _____ Level 1: Presurgical brief physical exam (included in price or surgery).
- _____ Level 0: Laboratory work has already been performed and not needed by veterinarian.

Pain Management- All surgical procedures produce some discomfort and pain to the animal. Your pet will be given pain medication in the hospital and sent home with medications. This cost is included with spay and neuter surgeries.

- _____ **Spay/Neuter:** Additional cost will be charged for pets that are in heat; Pregnant or cryptorchid (testicles not dropped)
- _____ **Retained baby teeth:** Strongly recommend pulling retained teeth to prevent dental issues.

**** The surgery site will need to be shaved (Males- Scrotum).**

Despite preoperative screening and monitoring during and after surgery, adverse effects are possible. These include, but are not limited to blood loss, delayed wound healing, infection, and death. Severe adverse effects are more likely in animals that are in poor health, but are possible in any animal, including those with normal pre-op exams and bloodwork. By signing below, you release Wallburg Animal Hospital and its employees from any liability of adverse events beyond our control. I have been informed that there are certain risks and complications associated with any operation or procedure. They have been explained to me as well. I further understand that during the course of the operation/procedure, unforeseen conditions may arise. I have read and understand the statements above and by my signature below, I agree to Wallburg Animal Hospital's policies.

****Microchip Placement- Home Again is additional \$40 which includes lifetime registration fee: YES _____ NO _____**

Pet's Name: _____ Owner's name (please print): _____

Phone numbers where you can be reached today: _____

Payment if full is required at the time services are rendered. Please indicate your method of payment today:
Cash _____ Check _____ Visa/Mastercard/American Express/Discover _____ Care Credit _____

Owner's Signature: _____ Date: _____

I am the Owner or agent for this pet and I have the authority to execute this consent. I agree to all terms listed above.