

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:    SPAY    or    Neuter    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**. If pets are not up-to-date with vaccines or fleas are present, the hospital may require treatment to prevent spreading illness/parasites, 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 medication 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. *No selection will automatically default to Level 1 to be performed on pets under 7 years old; and Level 2 to be performed on pets over 7 years old. It is Doctors discretion to move forward with surgical procedures, if concerns arise, the doctor can refuse to perform surgical procedure based on patients best interests.*

**LAB WORK IS DONE AT ADDITIONAL CHARGES. Initial choice of ONE option only:**

         Level 3: This includes a pre-surgical brief physical exam, full chemistry panel and CBC. *Strongly Recommended*

**This level is required on all pets 10 years of age and older or the Doctors requirement.**

         Level 2: This includes a pre-surgical brief physical exam and chemistry. ) *default 7yrs and older*

**This level is required for all pets 7-10 years old.**

         Level 1: Presurgical brief physical exam (included). *default 7yrs and younger*

         Level 0: Laboratory work has already been performed and not needed by the 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.

**IV catheter Placement:** Your pet will have an IV-catheter placement, typically placed in a front leg. This allows vein access while under anesthesia and allows emergency access in the event of an anesthetic emergency. Routine procedures will be given IV-Fluids

**\*\* The surgery site will be shaved (Females-Abdomen/Males- Front 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 an additional fee 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.