

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. (\$148.00) *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. (\$113.00) *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: It is strongly recommended that all surgery patients have an IV catheter placed. This gives the Doctor emergency access to a blood vessel in the event of an anesthetic emergency. Most routine procedures will not need one, unless an unforeseen crisis occurs. We recommend electively placing a catheter but this will increase the cost of the procedure. For this reason, we will allow you to decline if you would like this done on elective procedures and on pets under 7 years of age.

All pets 7 years of age or older will be required to have the IV catheter placement. The leg hair will have to be shaved for the catheter to be inserted and maintained. The additional cost for the catheter +/- fluids during surgery is \$40.00.

_____ **Required on your pet due to surgical procedure or pet's age (7 years and older)**

_____ **Optional and I elect to have a catheter placed.**

_____ **Optional and I decline the catheter placement.**

**** 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 additional \$46 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.