

# The Animal Care Center Surgical Release - Low Cost Spay & Neuter For Pets < 7 Years Old

Owner:

Patient:

Date:

The doctor(s) and staff are authorized by me to perform the following procedures:

---

## I (pet owner) understand & consent to the following:

- 1) Anesthesia and/or tranquilization will be used during the procedures.
- 2) All patients must be currently immunized for contagious diseases (administered by a licensed veterinarian).
- 3) All patients must be free of fleas and ticks. If flea or tick treatment is needed prior to surgery this will result in additional charges.
- 4) In the event of emergency the clinic staff will proceed with appropriate treatment at the owner's expense if the owner can not be contacted.
- 5) Low-cost surgeries are provided as a community service to decrease the tragic euthanasias of unwanted puppies and kittens. "Low cost" prices do not apply in the event of pregnancy, retained testicle, or heat cycle (dogs). Clinic is not responsible for contacting pet owner in the event of pregnancy or heat cycle.
- 6) Fees quoted for spay or neuter do not include treatment of post operative complications (chewing stitches out, infections, etc.).
- 7) A non-returnable elizabethan collar may be purchased to aid pet owner in preventing removal of stitches by pet.
- 8) Post operative pain medicine is not included with the cost of spay/neuter. This is recommended and is available at additional cost.
- 9) This agreement supersedes any other written or oral agreement. Clinic staff can make no guarantee as to outcome of any surgery or treatment.
- 10) This low cost spay neuter option is not recommended for pets 7 yrs. and older, for whom a comprehensive evaluation should be done.

## ***Recommended laboratory tests – to increase safety of anesthesia***

Current standards of care recommend the performance of screening tests to enhance the safety of anesthesia. Such tests may include red blood cell counts, blood sugar, protein level, and liver function tests. Real time electronic monitoring of patient vital signs (temperature, ECG, blood oxygen), while being no guarantee, add an additional component of safety for general anesthesia procedures.

Place initials next to all desired options. (Surgery may not be performed unless at least one of the below are initialed).

\_\_\_\_\_ Chemistry 6 Blood screening (\$36.50)

\_\_\_\_\_ Electronic vital signs monitoring (\$40.00)

Additional options:

\_\_\_\_\_ Elizabethan collar (\$13.95 small, \$16.95 large)      \_\_\_\_\_ Post operative pain medication

\_\_\_\_\_ Toenail trim (\$10.00)      \_\_\_\_\_ Microchip implant (\$45.00)      \_\_\_\_\_ None of the above

I hereby request and authorize the above surgical procedure and selected "options". I have read and understand all portions of this document. I accept responsibility for full payment.

Signature: \_\_\_\_\_ Emergency telephone no: \_\_\_\_\_

*(Feel free to ask for a copy of this document if desired)*