
New Georgia Animal Hospital

Canine Spay Release Form

Client Name: _____

Patient Name: _____

Please answer the following questions regarding your pet's history:

- Yes No Is your dog on heartworm prevention?
 Yes No Any vomiting, coughing, sneezing or diarrhea noted?
 Yes No Has your dog eaten this morning?
 Yes No Has your dog been ill or injured in the past 30 days?
 Yes No Is your dog allergic to any medications that you are aware of?
 Yes No Was your pet adopted from the shelter? When _____

Your dog is going to be spayed today. The cost ranges are as follows :< 20# \$110.00, 20-50# \$120.00, 51-100# \$145.00 and >100# \$175.00. These prices include Anesthesia, Spay, an E-collar, Anti-nausea medication prior to surgery and an injection for pain prior to the surgery that will last for 24 hours. If your dog is in heat, pregnant or obese there is an additional charge of \$35.00.

We will administer a capstar pill to all pets upon entering the hospital. This pill will last for 24 hours and will kill any fleas on your pet or that may come in contact with your pet. The charge for this is \$6.00. Please initial here _____

We recommend a blood panel be run before the surgery to help detect any internal problems with the liver/kidneys that may not be evident upon a physical examination. The cost of the recommended blood panel is \$41.00. Please initial yes or no. Yes_____ No_____

For an additional charge, would you like your pet to be sent home with pain medication? We will be giving a pain injection prior to surgery which will last for 24 hours Please initial yes or no. Yes_____ No_____ The price for the pain medication to go home is \$10.00-\$30.00.

Would you like your pet to be microchipped? The cost for this service is \$34.00. There is also a registration fee of \$27 that we will process for you through Home Again. Yes_____ No_____

Would you like your dog to have any additional procedure(s) done while your pet is under anesthesia?
Nail trim _____ Nail Trim w/dremel_____ Other _____

What surgery is to be performed? _____

Telephone number you can be reached today _____

Would you like an estimate of today's services? YES_____ NO_____

I am the owner or agent for the above described animal and have the authority to execute to this consent and authorization of the above named surgery(s). I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s) as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed. I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications and understand that hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

Date _____ Signature of owner/agent _____