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# New Georgia Animal Hospital

## Canine Neuter Release Form

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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 pet eaten this morning?  
 Yes  No Has your pet been ill or injured in the past 30 days?  
 Yes  No Is your pet 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 neutered today. The cost ranges are as follows: <30# \$105.00, 30-100# 115.00 and >100# \$156.00. These prices include Anesthesia, Neuter and a pain injection and e-collar. We will administer a capstar pill to all pets entering the hospital. This is a pill that will kill fleas on your pet or that may come in contact with your pet. This pill lasts for 24 hours. The charge 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 an injection for pain prior to surgery, which will last 24 hours. The pain medication to go home is \$10.00-\$30.00. Please initial yes or no. Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to have your pet microchipped? The cost for this procedure 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 to have any additional procedure(s) performed while your pet is under anesthesia? Nail trim \_\_\_\_\_ Other \_\_\_\_\_

What surgery is to be performed? \_\_\_\_\_

What telephone number can you be reached at 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 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 of the foregoing procedures, or even different procedure(s), than those set forth previously. I hereby consent and authorize the performance of such procedures(s) as necessary and desirable 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 or agent \_\_\_\_\_