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## SPAY/NEUTER CONSENT FORM

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

I am the owner, or the agent for the owner, of the animal described above and I have the authority to execute this consent. I hereby consent and authorize Centennial Animal Hospital staff to perform a spay/neuter procedure.

I understand that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the service and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I understand there are risks associated with the use of any anesthetic or medication.

### **Pre-anesthetic screening consent/waiver:**

Like you, our greatest concern is the well-being of your pet. A physical examination will be performed before we sedate your pet. However, many conditions, including disorders of the kidneys, liver & heart cannot be detected without laboratory blood screening. For these reasons, we highly recommend doing a comprehensive bloodwork panel.

This is an additional cost of: \$105.50 if under 6 years of age

**Accept** \_\_\_\_\_

**Decline** \_\_\_\_\_

I understand and assume all responsibility for additional risks/complications resulting from refusal to approve this blood screening for my pet's safety.

### **OPTIONS:**

**Laser Surgery** - Additional cost - \$105.00

Minimizes bleeding and seals nerve endings thereby reducing post-operative swelling and pain and improves recovery

**Accept** \_\_\_\_\_

**Decline** \_\_\_\_\_

### **Identification**

Tattoo	\$30.00	YES	NO
Microchip	\$64.50	YES	NO
Tattoo & Microchip	\$75.25	YES	NO

I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

\*\*\*\* I agree to pay the full amount that is due *before* the patient is discharged \*\*\*\*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I may be reached at the following number(s) today: \_\_\_\_\_