

Morena Pet Hospital

1540 Morena Blvd. San Diego, CA 92110 (619) 275-0888

Spay and Neuter Consent Form

Owner's Name: _____ Date: _____

Pet's Name: _____

Your pet is scheduled for a procedure that requires anesthesia. To minimize risks, we will perform a pre-anesthesia profile on all pets prior to anesthesia. Most anesthetic drugs are removed from the body by the liver and kidneys; therefore it is important that these organs are healthy. Our hospital laboratory is fully equipped to perform these blood tests and have the results available before anesthesia.

With any pet undergoing anesthesia we will administer intravenous fluid administration. IV fluids help to maintain blood pressure, blood flow, and replace lost fluids. Upon completion of the procedure, intravenous fluid therapy speeds the recovery process by diluting the anesthetic agents circulating in the bloodstream, and enhances metabolism and elimination through the liver and kidneys. Patients that receive IV fluid therapy generally wake up faster than those that do not.

We now offer **Laser Therapy post surgery**. Laser Therapy Post Surgery is a holistic, non-invasive treatment that can help reduce inflammation and speed healing post surgery. This treatment does not replace pain medications but aids in the healing process.

(Check One):

Yes, I want to do laser therapy for my pet today. \$22.50

No, I do not want laser therapy for my pet today and would like you to proceed with the surgery.

I consent to admit my pet to Morena Pet Hospital and authorize the doctors and staff to perform procedures that are considered necessary by the attending doctor. The nature of the procedure has been explained to me and I understand why it is recommended and/or necessary. Please Initial _____

I consent to have my pet undergo anesthesia and I am aware that there are risks involved and inherent dangers present in all procedures that require a general or intravenous anesthetic. This includes, but is not limited to: post-surgical infection, pain, and/or anesthetic reactions. I understand the advantages and possible complications of the procedure and acknowledge that no guarantees or advances have been made as to the results that may be obtained. Please Initial _____

Please be advised that if, after examining your pet the doctor feels that additional diagnostics and/or supportive measures are necessary in order to achieve a good outcome with surgery, and you are unable or unwilling to authorize these services, you may be asked to pick up your pet without surgery being performed. There will be a charge for the physical exam if this is necessary.

Any pets that are flea laden will be given a flea treatment. This is an additional cost (\$11.00-\$21.00) and is done in order to minimize fleas in our hospital. **Please Initial _____**

When did your pet last have something to eat? _____

Please turn over and fill out other side

Please provide any current medical history and dates given, including vaccine records, flea/heartworm preventative given, etc: (i.e. DHPP- 7/1/2016, Fecal Exam-7/1/2016, Vectra applied, etc.)

Please check if you would like any additional services today:

- Microchip and Registration- \$62.00
- Ear Clean- \$38.00- \$87.00
- Intestinal Parasite Exam/Treatment- \$79.00 + cost of appropriate medication
- Heartworm Test (Dogs)- \$72.93
- Feline Leukemia/FIV (Feline AIDS Test) - \$115.70
- Update Vaccines- \$20.00-\$47.00
- Other (please specify): _____

Please indicate below your preference regarding the treatment options and costs (**check one**):

Please perform any necessary diagnostics and treatments indicated for the care of my pet until someone may be reached, up to \$_____

Do not administer any treatments until specific authorization is given

***NOTE* If we are unable to reach you in the event of an emergency regarding your pet's health, be advised that whatever measures are deemed necessary will be taken to ensure your pet's health. You will be responsible for charges incurred within these measures.**

I hereby certify that I have read and fully understood the proceeding consent form. I agree to financial responsibility and understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please call after 3pm to receive an update on your pet and to arrange a pick up time. Discharges are typically between 4-6pm.

Please list a phone number where you can be reached today: _____

In the event that we are unable to reach you, please list an alternate contact person and phone number who will be able to authorize treatment recommendations: _____

Signature of owner or authorized agent: _____ **Date:** _____