

Blackhorse Animal Hospital

Feline Ovariohysterectomy/Neuter/Declaw Consent Form



Owner: _____ **Client** _____

Patient: _____ **Age:** _____ **Breed:** _____ **Sex:** _____

Our greatest concern is the well being of your pet. The doctor will perform a physical examination before administering anesthetic agents. Anesthesia carries some risk, even though it may be small. Blackhorse Animal Hospital's doctors and staff utilize safe anesthetic protocols for all of our patients. Some patients, due to age, or pre-existing conditions will already have received an estimate that includes blood work, IV fluids, or take home pain medication. All patients will receive minimum blood work; however, **the blood work option below provides a more thorough screening for an additional cost.**

General Health Screen:\$45.00 Accept or Decline

IV Fluids..... \$50.00 Accept or Decline

(Maintains blood pressure; reduces post-operative renal failure, and provides immediate access to heart, should an emergency occurs.)

If your pet is examined and is found to have retained baby teeth would you like to have them extracted? **(There is an additional charge of \$10.00 per tooth to extract baby teeth)**

Accept or Decline

While your pet is in the clinic, would you like the following additional services performed?

Toe Nail Trim..... \$5.00 (Reg. \$10.00) Accept or Decline

Ear Cleaning \$5.00 (Reg. \$10.00) Accept or Decline

Anal Glands..... \$5.00 (Reg. \$10.00) Accept or Decline

Microchip \$40.00 (Reg. \$45.00) Accept or Decline

Fecal Analysis \$15.00 Accept or Decline

FELV/FIV Test..... \$38.00 Accept or Decline

Would you like to learn about a potential fatal disease that is entirely preventable? Yes or No

Does your pet need any heartworm prevention or flea prevention to go home? If so, which brand of

medication would you like us to send home with your pet? _____.

Are there any concerns or questions regarding your pet that you would like to discuss with the doctor?

Does your pet have any sensitivities or allergies to any medications (oral, injectable or Topical)? If yes, which ones, _____

All new patients are required to have physical exam, at an additional cost of \$49.00. _____ Int.

All patients left in our care for any reason must be current on Rabies, FVRCP. If proof of vaccination is not available, I give my permission for the staff of Blackhorse Animal Hospital to update my pet's vaccinations. According to our records your pet will be due for; Rabies, FVRCP, FELV

NOTE: IF THE PATIENT IS DETERMINED TO BE OBESE (INTERNALLY), PREGNANT, IN "HEAT", OR CRYPTORCHID (RETAINED TESTICLE), WILL BE CHARGED AND ADDITIONAL FEE. ANY FLEAS AND/ OR TICKS FOUND ON YOUR PET WILL BE TREATED AT YOUR EXPENSE.

ALL PATIENTS WILL RECEIVE PAIN MEDICATION PRIOR TO SURGERY AND GIVEN TAKE ORAL TAKE HOME PAIN MEDICATION.

I have been advised as to the nature of the procedure or surgery described above and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or surgeries. I realize that results cannot be guaranteed, I further realize that I am responsible for full payment at time of discharge. I understand that unforeseen conditions may extend the procedures or surgeries and that if this happens, Blackhorse Animal Hospital staff will try to contact me to discuss these conditions. If I cannot be reached, I consent to having Blackhorse Animal Hospital take the steps necessary to help ensure the safe care of my pet.

Signature: _____ Date: _____

Please circle the following phone numbers you would like to be reached at

Work: _____ Cell: _____

Home: _____ Other: _____

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