 **Wilderness Animal Hospital**
23714 222nd Pl SE Suite L
Maple Valley, WA 98038

Owner First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anesthetic and surgical procedure(s) to be performed: **Ovariohysterectomy (spay) Canine**

I, the undersigned owner or agent of the pet identified above, authorize the staff of Wilderness Animal Hospital to perform the above procedure(s).

**[ ]  I am aware that additional charges may apply if my female pet is in heat/pregnant/obese and/or over 1 year of age.**

**Food/Medication:**Last time your pet ate: \_\_\_\_\_\_\_\_\_\_\_AM/PM Last time your pet received medication: \_\_\_\_\_\_\_\_\_\_\_AM/PM

Name of medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre-Surgical Blood Testing - $103.00:** [ ]  Accept [ ]  Decline [ ]  Already Done\_\_\_\_ /\_\_\_\_ /\_\_\_\_\_

Blood testing to evaluate liver and kidney function and red blood cell count can help us better reduce the risk of anesthetic complications. This test is recommended, but optional for animals less than 7 years old and required for pets over 7 years old (unless blood tests ran within last 3 months were normal).

**Pain Medication:** [ ]  Accept [ ]  Decline

*All pets receiving surgery receive a short acting sedative and pain medication before surgery.*

*Although animals are good at hiding their pain, many routine procedures can cause post-operative pain. We require pain medication to be given at home after all surgical procedures, our doctors and technicians are happy to discuss if you have questions.* **Pain medication to go home cost: $50-$100 (depending on size of pet).**

**Post Overative Sedatives (optional):** [ ]  Accept [ ]  Decline

All pet's will need to have activity restricted for 10-14 days after the procedure. Sedatives are optional to aid in keeping the animal's activity level to a minimum at home.

**Please indicate your preference:** [ ] Elizabethan collar($4.25-$13.25) [ ] Sugical body suit ($21.00 - $44.00)
*In order to prevent your pet from irritating or removing sutures while self grooming, elizabethan collars (E- collars) are used to prevent your pet from licking/biting its wound or using its limbs to scratch their head or ears.*

*We offer E-collars and post surgical body suits.*

**Additional procedures:**

Physical Exam ($67) [ ] **Yes** [ ] **No**
Vaccination(varies) [ ] **Yes** [ ] **No** [ ] None Needed

Microchip($57) [ ] **Yes** [ ] **No** [ ] Already Has a Microchip
Fecal testing ($47) [ ] **Yes** [ ] **No** [ ] Already Done \_\_\_\_/\_\_\_\_/\_\_\_\_
Anal glands($27) [ ] **Yes**  [ ] **No**

Toe nail trim**(included)** [ ] **Yes** [ ] **No**

**IV Catheter and Fluids - Included with all Spay Procedures**

*IV catheters significantly increase the safety of the anesthetic procedure. The catheter provides a route to administer emergency medicine in the rare cases needed and is also a route to maintain blood pressure during the procedure which has been shown to improve and speed recovery and decrease reactions to anesthesia.*

\*To maintain a flea free environment, any pet admitted to Wilderness Animal Hospital with evidence of fleas will be given a Capstar© tablet to kill the fleas at a cost of $14.00 to the owner.

**Would you like to have a photo update of your pet?**  **Yes** [ ]  **No[ ]**

Photos are sent through our app "PetDesk". Please ask reception for more information or to help download our app.

**Release:**

*I am the owner or caretaker of the pet and am over 18 year of age. I assume responsibility of care after surgery and authorize the doctors at Wilderness Animal Hospital to perform the surgery. While performing the surgery should the doctor find the procedures(s) to be more involved resulting in additional cost, I will be contacted at the phone number below. If I cannot be contacted, I authorize the doctor to perform the necessary procedure at his/her best discretion. I understand full payment is required when the patient is discharged.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Owner: |   | Date: |  |

Emergency phone number at which you can be reached today : ( ) -