



Animal Hospital of Pasco

3012 N Road 92
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(509) 545-9949
www.pascovets.com

Accession for Canine Spay

Form P-503
Rev. 3/27/2015

This form authorizes our hospital to spay your dog. The proper name for this surgery is "ovariohysterectomy." This procedure typically takes one day; the dog is admitted between 8:00 AM and 9:00 AM and goes home sometime in the afternoon. (The exact discharge time will vary from patient to patient. We recommend you call us around 2:30 PM to find out when your dog can go home.) The cost for this surgery depends on patient weight. For dogs that weigh 30 lbs. or less the cost is \$216.79; for dogs 31-60 lbs. the cost is \$236.79; for dogs 61-90 lbs. the cost is \$253.77; for dogs that weigh 91 lbs. or more the cost is \$302.00. This includes everything necessary for the procedure, as well as basic pre-op and post-op analgesics (painkillers). This cost does not include optional add-ons, such as use of surgical laser or take-home pain meds. If you'd like any of these optional add-ons, please check the appropriate boxes below.

Client/Authorized Agent Information

| | | | |
|--|------------------|--------------------------------------|--|
| Your first name | Your middle name | Your last name | Suffix (Jr., III, etc.) |
| Current home address: <i>(include city, state, ZIP; no P.O. boxes please)</i> | | Phone number(s) we can reach you at: | Are you the owner of this dog? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are <u>not</u> the owner, what is the owner's first and last name? |
| | | | If you are <u>not</u> the owner, has the owner completed the form necessary to designate you their authorized agent? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked 'No' above, please be aware that you will be responsible for payment in full when the patient is discharged. |

Patient Information

| | | |
|-----------------|---|--|
| Patient's name | How old is the patient? <input type="checkbox"/> 4-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> over 12 months | Patient's breed |
| Patient's color | Allergies/medical conditions (e.g. epilepsy, diabetes) | List any additional procedures to be performed (please be aware there may be additional costs) |

PAIN MEDS

We strongly recommend using take-home pain medication after surgery to avoid unnecessary suffering. Select one of the following (required):

Please dispense pain medication. Our doctors usually prescribe Rimadyl, but other drugs may be used depending on conditions specific to the patient. The costs for Rimadyl range from \$10.50 to \$16.00 for dogs 60 lbs. and under and \$16.00 to \$24.50 for dogs over 60 lbs.

I do not want pain medication dispensed. I understand that without drugs to provide relief patients may experience significant pain following abdominal surgery. Initial here:

Optional Add-Ons

| | |
|---|---|
| <input type="checkbox"/> Please perform pre-anesthetic blood work (CBC & Brief Chemistry Panel). Cost: \$55.54 | I decline pre-anesthetic blood work. <input type="checkbox"/> |
| Anesthesia of any kind, even proper inhalation anesthesia, carries some risks. These diagnostics help screen for the presence of conditions or diseases that may complicate anesthesia. It can also help detect conditions and diseases in their early stages, before the patient has begun showing obvious signs. Catching these issues early on can allow for more effective treatment. | |
| <input type="checkbox"/> Please use surgical laser instead of a scalpel for this procedure. | I decline laser surgery. <input type="checkbox"/> |
| Laser surgery seals nerve endings (decreasing post-operative pain), cauterizes blood vessels (reducing bleeding), reduces inflammation at the surgery site, and lowers the risk of infection. | |
| Cost depends on weight as follows: 30 lbs. or less \$37.00 31-60 lbs. \$48.00 61 lbs. or more \$58.00 | |
| <input type="checkbox"/> Please implant an AKC Reunite microchip while my dog is sedated. Cost: \$22.50 | I decline microchip implantation. <input type="checkbox"/> |
| <input type="checkbox"/> Please vaccinate my dog for rabies. (A rabies certificate will be provided.) Cost: \$19.00 | I decline rabies vaccination. <input type="checkbox"/> |

The nature of such service has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of surgery. I certify that I am at least 18 years of age and that I am the owner of, or authorized agent for, the patient described above. In consideration of Animal Hospital of Pasco, P.S. accepting my pet for anesthesia/surgery/medical treatment/diagnostic testing, I do hereby release, discharge, and waive any claims, demands, and/or actions against Animal Hospital of Pasco, P.S., its agents, employees, officers, and insurers arising from or relating to injury, illness, or death that may occur during the period of hospitalization. I understand that a finance charge is applied to all accounts unpaid after 30 days. This finance charge is computed by a periodic rate of 1.5% per month which is the annual percentage rate of 18.00%; minimum monthly charge is \$1.50. I certify that I have not allowed this patient to ingest solid foods or medications within 10 hours prior to admission for surgery unless specifically directed to do so by the attending doctor. I understand that anesthetizing and performing surgery on a patient who has recently eaten may be dangerous. I understand that it is my responsibility to telephone the Animal Hospital of Pasco to find out when my pet will be ready to go home (and that the hospital recommends calling between 2:30 PM and 4:30 PM).

Signature of Owner or Authorized Agent

Date