

**Animal Hospital of Pasco**3012 N Road 92
Pasco, WA 99301(509) 545-9949
www.pascovets.com**Accession for Feline Spay**Form P-500
Rev. 08/08/2023

This form authorizes our hospital to spay your cat. The technical name for this surgery is "ovariohysterectomy." This procedure is done in one day; the patient is admitted in the morning (before 9:00 AM) and goes home after 3:00 PM (unless otherwise notified). The cost for this surgery is \$228.00. This includes everything necessary for the procedure but does not include optional add-ons such as use of surgical laser or pre-anesthetic bloodwork. Administration of pre- and post-operative pain medication is required and is included in the cost of the procedure.

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 pet? <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 coat color/breed
Allergies/medical conditions (e.g. epilepsy, diabetes)	List any additional procedures to be performed (additional costs may apply)	

Optional Add-Ons

<input type="checkbox"/> Please perform pre-anesthetic blood work (CBC & Brief Chemistry Panel). Cost: \$70.00 These diagnostics help screen for the presence of conditions or diseases that may complicate anesthesia. They can also help detect conditions and diseases while they are 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"/> I decline pre-anesthetic blood work.
<input type="checkbox"/> Please use surgical laser instead of scalpel for this procedure. Cost: \$40.50 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.	<input type="checkbox"/> I decline use of surgical laser.
<input type="checkbox"/> Please update my pet's vaccinations as needed (subject to doctor discretion). Cost varies.	<input type="checkbox"/> I decline vaccinations.
<input type="checkbox"/> Please implant an AKC Reunite microchip while my pet is in the hospital. Cost: \$29.00 The cost shown here does not include optional registration with the microchip's manufacturer. Lifetime registration can be purchased from the manufacturer. Free third-party registries are also available but do not typically offer 24/7 telephone support for lost and found pets.	<input type="checkbox"/> I decline microchip implantation.

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 of 1.5% per month or the highest lawful rate, whichever is lower, will be assessed on any past due balance. 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 a patient that has recently eaten can lead to serious, life-threatening complications.

*Signature of Owner or Authorized Agent*_____
*Date***IMPORTANT: SIGNATURE MUST BE IN INK AND CANNOT BE TYPED. PLEASE SIGN AND DATE ON THE DAY OF SERVICE.**