Animal Medical Hospital At Glenwood
Spay / Neuter Consent Form

Today's Date: _____/_____/_____

Client's Name: ***<last-name>*** **Pet's Name**: ***<animal>***

Procedure to be performed: ( ) Canine Neuter ( ) Canine Spay ( ) Feline Neuter ( ) Feline Spay

General Anesthesia - Your pet is scheduled for the above procedure which involves general anesthesia. Although the doctors at Animal Medical Hospital at Glenwood utilize very safe anesthetic protocols and monitoring devices, there are inherent risks involved with any patient undergoing anesthesia. An IV catheter will be placed prior to the procedure which will help to facilitate quick administration of emergency medications, if needed.

Canine Hip and Elbow X-Rays at Time of Neuter - Many large and giant breed dogs are predisposed to having arthritis and growth abnormalities with their hips and elbows. Some breeds that are considered at risk include King Charles Cavalier Spaniels, German Shepherds, French and English Bulldogs, and Cocker Spaniels. These conditions may result in chronic pain and discomfort. Early diagnoses with the use of radiographs is the key to the identifying these conditions and decrease problems as these dogs grow.

( ) Please x-ray my dog's hips ($189.00) ( ) Please x-ray my dog's hips and elbows ($341.25)

Microchip - The cost of a microchip is $84.15 and includes your lifetime registration into the data base which is done by our office.

( ) Yes, please Microchip my pet ( ) No, please do not Microchip my pet

Other - Are there any other procedures that have not been discussed that you would like to have performed while your pet is here.

_____

Morning Feeding - Has your pet been fed this morning? ( ) Yes ( ) No

Authorization for Surgery - I hereby authorize the use of such anesthetics you deem advisable for the performance of the above indicated procedures. I understand that the veterinarian does not occupy the building 24 hours a day, but does observe and care for the animals around the clock as needed. I agree to hold you harmless from and against any and all liability arising out of the performance of any procedures referred to above. I also understand that financial payments for said services are due when rendered.

Clients Signature: _____

Emergency Phone Number (_____) _____-_____ Cell Phone Number (_____) _____-_____

Media Authorization: I grant AMH at Glenwood, Inc. permission to capture my pet(s) image and likeness in photographs, video recordings, or any other media format. I grant them permission to copyright, display, publish, distribute, use, modify, print and reprint such images in business materials such as advertisements, brochures, web site images, or other social media.

Client Signature: _____ Date: _____/_____/_____