



Fax: 703-360-1310

www.forthuntanimalhospital.com

AWLA SPAY/NEUTER SURGICAL RELEASE FORM

First and Last Name:	Pet's Name:
Address:	Breed/Color:
City, State, Postal Code:	Birthdate:
Phone Number:	Sex:
Date:	Current Weight (Obtain at Hospital):

I request and authorize Fort Hunt Animal Hospital to hospitalize my pet to have a spay/neuter procedure performed. A doctor will perform a presurgical exam on the pet prior to surgery. An IV catheter will be placed and IV fluids will be administered to help maintain blood pressure and hydration during surgery. An IV catheter also allows for immediate intravenous access in case of an emergency. Pain medication and an e-collar will be provided at discharge. These services and products are included in the cost of the certificate purchased from AWLA. I understand that there will be additional charges if my pet is in heat, pregnant, cryptorchid, obese, or is found to have some other condition or abnormality that makes the procedure difficult. Furthermore, I understand that per AWLA's certificate, pets aged 7 years or older are required to have preanesthetic bloodwork run before the procedure. _____ Owners Initials

Additional options not included in the cost of the certificate purchased from AWLA (estimate provided at your request):

The doctors at Fort Hunt Animal Hospital strongly recommend that all patients going under anesthesia have preanesthetic bloodwork performed, regardless of age. This bloodwork checks for proper kidney and liver function, adequate platelets for blood clotting, anemia, and other important values. We run this bloodwork on all surgical patients to be sure that it is safe to put them under anesthesia and perform surgery, but per AWLA's program, this testing is not included in the cost of the certificate. It is available at a reduced cost of \$50.

I do _____ I do not _____ request pre-anesthetic bloodwork.

Companion Therapy Laser treatment on incision site to reduce pain and inflammation, and to stimulate healing.

I do _____ I do not _____ request laser treatment.

Deciduous baby teeth are a problem that affect both kittens and puppies. Generally they fall out before the pet turns 6 months of age, but if they are not removed your pet can have a severe problem with tartar build-up in the future and they can cause malocclusion.

I do _____ I do not _____ request the removal of any deciduous teeth.

A Microchip is a form of permanent identification that can be implanted while your pet is under anesthesia.

I do _____ I do not _____ request a microchip implant. _____ My pet is already microchipped.

While under anesthesia, we can give your pet a nail trim for a reduced cost of \$9.00.

I do _____ I do not _____ request a nail trim.

Laser surgery is available for canine spays/neuters and feline spays. It is not available for feline neuters. The laser cauterizes blood vessels and nerves as it cuts through tissue leading to decreased bleeding, swelling, and pain.

I do _____ I do not _____ request laser surgery.

Epidural analgesia (pain relief) has become a very common way to provide pain relief for animals undergoing painful surgical procedures. An epidural is a single injection of pain medication into the epidural space (around the spinal cord) just before the pelvis. A small area of hair is clipped and the skin is aseptically prepped. The injection will provide 12-24 hours of pain relief and allows for a significant reduction in the amount of inhalant anesthetic gas required for general anesthesia. This treatment is safe and carries minimal associated risk, but risks can include hypotension, urinary retention, infection, and paralysis. Please ask to speak with a licensed veterinary technician (LVT) or veterinarian if you have questions or concerns about the procedure and whether or not it is right for your pet. I do _____ I do not _____ request an epidural.

Antibiotics may be prescribed at the doctor's discretion. _____ Owners Initials

Updated 9/20/2019

If your pet is found to have fleas treatment will be initiated at a nominal fee based on your pet's weight. _____ Owners Initials

Would you like a formal estimate before the procedure? Yes: _____ No: _____ I have already received an estimate: _____

IMPORTANT! PLEASE READ CAREFULLY:

Fort Hunt Animal Hospital's healthcare team provides superior pet health care and caring attention to every family member every time. We strive to perform at our best and demonstrate an AAHA standard care of excellent veterinary practice. If for any reason your pet is in an emergency state and cardiopulmonary resuscitation (CPR) is needed, we require all hospitalized and boarding pets to have a "code" status to allow for the fastest response possible. Please initial one of the following options:

OPTION #1: MAXIMUM RESUSCITATIVE EFFORTS AUTHORIZED

I understand that there are risks associated with anesthesia and surgery, and that the doctors will do their best to minimize these risks. If my pet's vital signs change such that additional supportive treatment is needed, the veterinary team will proceed with supportive life-sustaining procedures. I request that the doctors and staff perform CPR procedures to revive my pet, which may include any or all of the following procedures: endotracheal intubation, oxygen support, administration of emergency drugs, and chest compressions. As with all services provided by Fort Hunt Animal Hospital, payment for these services will be made at the time they are rendered, regardless of the outcome. I accept that if the hospital staff is unable to reach me within 10 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, determine that there appears to be virtually no hope for medical success, they will cease further CPR procedures and administer a medication to help my pet pass peacefully (euthanasia). I understand that despite the best efforts of the doctors and staff at this facility, even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health. _____ Owners Initials

OPTION #2: DO NOT RESUSCITATE (DNR)

I understand that there are risks associated with anesthesia and surgery, and that the doctors will do their best to minimize these risks. If my pet's vital signs change such that additional supportive treatment is needed, I do not wish for Fort Hunt Animal Hospital to attempt resuscitation of my pet. I elect, instead, that the attending doctor administer a medication to help my pet pass away peacefully (euthanasia). This order does not affect comfort or other medically indicated care. _____ Owners Initials

Signature: _____

Phone number(s) where you can be reached during your pet's hospitalization: _____

Staff Checked In: _____