



Fax: 703-360-1310
www.forthuntanimalhospital.com

NEUTER HOSPITALIZATION AND SURGICAL RELEASE FORM

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

I request and authorize Fort Hunt Animal Hospital to hospitalize my pet to have a neuter procedure performed. An IV catheter and fluids are included in the cost of the procedure. An IV catheter allows immediate intravenous access in case of an emergency and the administration of intravenous fluids to help maintain blood pressure and hydration during surgery. A preanesthetic blood screening which checks for anemia and assesses multiple organ functions is also included in the overall price of the procedure. I understand that if there is any condition discovered on physical exam or by bloodwork today that results in the delay or cancellation of the procedure, I will still be responsible for the cost of the bloodwork and hospitalization of my pet. _____ Owners Initials

*Deciduous baby teeth are a problem that affect both kittens and puppies. Generally they will fall out before the pet turns 6 months of age, but if they are still present after 6 months of age there is a risk of infection, severe tartar build-up in the future, and malocclusion (crooked teeth) resulting in other oral health problems.

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 \$9.50.

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

I understand that if my pet is cryptorchid (only one testicle or neither testicle has fully descended) there will be additional charges. Cryptorchidism is usually noted on physical exam after 4-6 months of age. _____ Owners Initials

I understand that if my pet is found to have fleas treatment will be initiated at a nominal fee. _____ Owners Initials

Perioperative pain management is very important for the comfort of the patient, as well as to facilitate post-operative healing; therefore, all patients receive pain medication before, during, and after surgery, including a "cold" laser treatment. The doctor may also send pain medication to be administered at home in the days following surgery. _____ Owners Initials

*Large breed, deep-chested dogs can benefit from having a gastropexy performed. It is best to do this at the time of the spay/neuter. This procedure can help prevent the complications associated with bloat. Ask a doctor or technician if you have questions or if you'd like to know if this procedure would be beneficial for your dog. I do _____ I do not _____ request a gastropexy.

*Indicate optional services/procedures that have associated additional costs

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

*Estimates requested the day of procedure will be sent to the email on file 1 hour before the start of procedure, unless otherwise requested.

When did your pet last eat? _____

Any Current Medications: _____ Last Dosage and Time: _____

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: _____

Text messages OK? ____ Yes ____ No

Staff Checked In: _____

OFFICE USE ONLY:

Please list any belongings and location: