Oaklawn Animal Hospital



Cranston Animal Hospital Canine Spay Surgical Release

Cli	ient Patient		Date	
earl seri rece hos disc swi inte	Spaying is an irreversible means by which a female or rus and ovaries, thereby eliminating the estrus (heat) cycle ly as 6-12 weeks of age. We typically recommend d the project of vaccines is complete. Dogs that are in heat or pregna ommend spaying dogs while they are in heat. All animals uspitalization. Postoperative care includes restricted exercise charge and protection of the incision from contaminants summing. If external sutures are used, suture removal is usual ernal sutures or surgical "glue" is used so a suture removal or her incision. It must be worn for 14 days.	Spayed females should no ocedure be performed between the areat greater risk of he undergoing general anesthe for 14 days, daily visual chas dirt, saliva and water ally scheduled for 10-14 days.	ween 4-5 months of age, ween 4-5 months of age, we morrhage during surgery, lesia require an overnight function for the checks of the incision must stay clays from the surgery date.	gs can be spayed as when the puppy's' therefore we do not fast and a full day of inflammation or dry, i.e. no bathing or Often absorbable
	Postsurgical complications are rare, and may include opic/residual ovarian tissue which may lead to future signs eight gains of up to 25% can be expected if the dog is allow	of estrus, tissue reactions	to ligature material, and u	
	Before performing any procedure requiring anesthest or reveal certain health conditions that could put your pet at atment options. The test results will then become part of your petrons.	risk. If the results are abi	normal, the doctor will cor	
an i	A leg is shaved for an intravenous catheter that is pla implications. Intravenous fluids are also given during surger injection of a 24-hour pain reliever at the time of surgery. A crease pain and inflammation and aid in healing. Additional	y to support normal physi A therapeutic laser is ofter	ologic functions. Our doct n used after the procedure	tors routinely providents is finished to
	PLEASE <u>INITIAL</u> ONE	OF EACH OF THE FO	LLOWING:	
*	Have you withheld food and water from your pet? Yes	<u>No</u>		
*	Has your pet been on any of the following prescription J	pain medication the last	2 days? <u>Yes</u>	<u>No</u>
	Rimadyl (Carprofen) Metacam (Meloxicam) I	Deramaxx Previcox B	uprenex (Buprenorphine)	Tramadol
*	<u>If yes</u> , please circle which one and indicate the <u>last date</u>	and time the medication	ı was given:	
*	Has your pet been on any over the counter pain relievers (baby aspirin, aspirin, ascription) or any steroids (prednisone, prednisolone, dexamethasone) in the last 7 days? Yes No If yes, they should have been stopped 7 days prior to surgery due to the effects on your pet's platelets, which allow bloo to clot. There may be also adverse gastro-intestinal effects that can occur when these pain relievers are given in combination with our pre-surgical medications and pain medications going home with your pet.			
*	Please <u>list any and all other medications</u> your pet is on	including over the count	er medications:	

*	At the time of the pre-surgical exam if there are baby teeth present and the adult tooth has erupted we recommend having the baby tooth extracted. Extracting these teeth will prevent misalignment of adult teeth and will lower their risk of dental			
	disease later on in life. There will a \$17 charge for ea			
	Yes Perform necessary the extractions	No I understand the risks of not extracting retained baby teeth		
*	lost pets and reunite them with their owners. Micro ch breeds and ages. It is safe for puppies and kittens, as w	apple and permanent form of pet identification designed to quickly identify nipping your pet with Home Again is recommended for dogs and cats of all well as older pets who may wander away from home. The microchip is Would you like to do this for your pet today? The cost for microchip		
	Yes Please perform Home Again placement	No I decline Home Again placement today		
*		ne protection of all pets in hospital <u>if your pet has fleas he/she will be</u> atment that will not interfere with any other flea treatments you may be our pet is treated.		
	signature on this form indicates that any questions isfaction:	I have regarding the following issues have been answered to my		
	 The reasonable medical and/or surgical treatment options for my pet Sufficient details of the procedure to understand will be performed 	will take		
	ancial responsibilities for services are due at time of fed 24 hours a day and after hour treatment of patients	discharge. I also understand that Oaklawn Animal Hospital, INC. is not is at the discretion of the veterinarian		
Oal pain cau exist Rea ane	klawn Animal Hospital to treat or perform needed procein, injury, or escape of my animal. You will not be held seed by the care, treatment, or safekeeping of my pet. It is that anesthesia. As with any general anesthetic proceinction (IAR), in rare situations may be serious and result	certify that I am 18 years of age or older and authorize the veterinarians of edures on my animal. You are to use all reasonable precautions against liable or responsible in any manner for unforeseen incidents or accidents is thoroughly understood that I assume all risks, and that some risks always edure there is a slight risk of an Idiopathic (unknown cause) Anesthetic it in death. IAR is thought to be a cardiac hypersensitivity when given the predisposing factors, does not appear to favor one breed or species over the making it impossible to predict in advance.		
Pho	one number(s) where I can be reached	·		
Prir	nt Name	E-Mail		
Sig	nature of the owner/agent	Date		