

Oaklawn Animal Hospital



Cranston Animal Hospital

Feline Castration

Surgical Release

Client _____ Patient _____ Date _____

Castration involves the surgical removal of both testes and renders the male cat irreversibly sterile. Cats can be castrated as early as 6-12 weeks of age, as soon as the testes have descended into the scrotum. We typically recommend the procedure be performed between 4-5 months of age, when the kittens' series of vaccines are complete. All animals undergoing general anesthesia require an overnight fast and a full day of hospitalization. Postoperative care includes restricted exercise for 14 days and daily visual checks of the incision for inflammation or discharge and protection of the incision from contaminants such as dirt, saliva and water. The incision must stay dry, i.e. no bathing. **Shredded newspaper or Yesterday's News must be used in place of the litter for 10 days.**

Postsurgical complications may include, but are not limited to, scrotal bruising, swelling, hemorrhage, and infection. Sexual behavior usually declines within 6 months after castration. Other post-operative changes include possible weight gain and decreased incidence of aggression, roaming, and urine marking.

Before performing and procedure that requires anesthesia, blood work will be run to confirm your pet's overall health. This will also reveal certain health conditions that could put your pet at risk. If the results are abnormal, the doctor will contact you regarding treatment options. The test results will then become part of your pet's medical record for future reference. Our doctors routinely provide an injection of a 24-hour pain reliever at the time of surgery. A therapeutic laser is often used after the procedure is finished to decrease pain and inflammation and aid in healing. Additional medication is given post-operatively for your pet to take at home.

PLEASE **INITIAL** ONE OF EACH OF THE FOLLOWING:

- ❖ Have you **withheld food and water** from your pet? **Yes** _____ **No** _____
- ❖ Has your pet been on any of the following **prescription pain medication the last 2 days?** **Yes** _____ **No** _____
Buprenex (Buprenorphine) Onsior
- ❖ **If yes**, please circle which one and indicate the **last date and time the medication 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 blood 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 **list any and all other medications** your pet is on **including over the counter 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 each baby tooth that is extracted.

Yes _____
Perform necessary the extractions

No _____
I understand the risks of not extracting retained baby teet

❖ **The Home Again Pet Recovery** Service is a safe, simple and permanent form of pet identification designed to quickly identify lost pets and reunite them with their owners. Micro chipping your pet with Home Again is recommended for dogs and cats of all breeds and ages. It is safe for puppies and kittens, as well as older pets who may wander away from home. The microchip is inserted between the shoulder blades under the skin. Would you like to do this for your pet today? **The cost for microchip placement and registration is \$70**

Yes _____
Please perform Home Again placement

No _____
I decline Home Again placement today

❖ **Your pet will be checked for fleas while here.** For the protection of all pets in hospital **if your pet has fleas he/she will be treated with Capstar.** Capstar is a fast acting flea treatment that will not interfere with any other flea treatments you may be using. There will be **an additional charge of \$8** if your pet is treated.

My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- ❖ The reasonable medical and/or surgical treatment options for my pet
- ❖ Sufficient details of the procedure to understand what will be performed
- ❖ How fully my pet will recover and how long it will take
- ❖ The estimate of the fees for all services

Financial responsibilities for services are due at time of discharge. I also understand that Oaklawn Animal Hospital, INC. is not staffed 24 hours a day and after hour treatment of patients is at the discretion of the veterinarian

I, the undersigned owner or agent of the pet named above, certify that **I am 18 years of age or older** and authorize the veterinarians of Oaklawn Animal Hospital to treat or perform needed procedures on my animal. You are to use all reasonable precautions against pain, injury, or escape of my animal. You will not be held liable or responsible in any manner for unforeseen incidents or accidents caused by the care, treatment, or safekeeping of my pet. It is thoroughly understood that I assume all risks, and that some risks always exist with anesthesia. As with any general anesthetic procedure there is a slight risk of an Idiopathic (unknown cause) Anesthetic Reaction (IAR), in rare situations may be serious and result in death. IAR is thought to be a cardiac hypersensitivity when given the anesthetic at its accepted and standard dosage. IAR has no predisposing factors, does not appear to favor one breed or species over the other. It is not revealed in standard screening tests and thus making it impossible to predict in advance.

Phone number(s) where I can be reached _____

Print Name _____ E-Mail _____

Signature of the owner/agent _____ Date _____