

Cypress Veterinary Hospital, PLLC  
12002 Cypress N. Houston,  
Cypress, TX 77429

### Neuter Authorization & Consent Form

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_

I, the undersigned, do certify that I am the owner or authorized agent for the owner of the animal described above and assume full financial responsibility. I understand that there are always potential risks when using anesthesia or performing surgery on any animal. I understand that unforeseen conditions may be revealed to necessitate further treatment based on Veterinarians professional judgment. I give the authorization to perform necessary procedures to insure the health of this pet.

Our greatest concern is the well being of your pet, especially during anesthesia. Because of this we use state of the art monitoring equipment, the safest anesthetic available and RVT's/CVA's to monitor your pet while under anesthesia. All of these precautions make our anesthesia safe for the healthy pet. Prior to anesthesia our staff will obtain a complete history of your pet, and the veterinarian will perform a complete physical exam. These provide us with important information about your pet's external health. The blood tests we recommend are similar to and equally as important as those your own physician would run if you were to undergo anesthesia. It is important to understand that performing these tests do not guarantee complications will not occur. They are important in minimizing the risk of anesthesia, and they provide you and us with peace of mind. They may also identify a medical condition that is not apparent by physical examination.

In some cases, abnormal blood tests will cause us to delay a surgical procedure and attempt to diagnose the medical problem causing the abnormal tests. In most cases, however, these values help determine which anesthetics are best for your pet's safety and the best post operative pain prevention to use. If all of the tests are normal, we can proceed with the surgery and have a great baseline for your pet if your pet ever becomes ill.

I decline the recommended pre-anesthetic blood test at this time and request that you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

Accept \_\_\_ We also offer Laser Surgery Neuter- \$58.24  
Decline \_\_\_

Decline \_\_\_ If your pet is over 50#, he may require a Scrotal Ablation to prevent blood and infection in his scrotum after the surgery. The veterinarian will access the scrotum when he receives his pre-surgical exam, and make a decision at that time. \$135.00

Upon entering our facility your pet will be administered a Capstar for fleas..

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_ Phone#: \_\_\_\_\_

I give Permission for the attending veterinarian to:

Resuscitate my cat/dog  Do not resuscitate my cat/dog

Additional Items:

\_\_\_\_\_  
\_\_\_\_\_