



**North Haven Animal Hospital & North Colony Animal Hospital**  
386 Washington Ave  
North Haven, CT 06473  
(203)239-5365  
*Lewis. E Jolly, DVM James T. Wells, DVM Jennifer L. Loquine, DVM*

330 North Colony Rd  
Wallingford, CT 06492  
(203)284-9366

## SPAY/NEUTER AUTHORIZATION FORM

Pet's Name: \_\_\_\_\_ Dog  Cat  Other \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_

Phone number(s) where you can be reached today: \_\_\_\_\_

Please mark options below:

**1) Intravenous catheter/intravenous fluids:** Recommended for all anesthetic procedures. When in place, an intravenous catheter allows us to administer fluids intra-operatively which helps control blood pressure changes that are possible with anesthesia, as well as to rapidly administer medications in the event of an emergency. **Required for all patients >10 years. The cost of this is an additional \$92 (unless already included in your estimate).**

I accept  I decline

**2) Pre-Anesthetic Blood Profile:** There is an inherent risk to any anesthetic. We recommend blood work be performed prior to all anesthetic procedures in order to assess if anesthesia can be tolerated and/or which anesthesia drug will work best. **Required for all patients over the age of 10 yrs. The cost of this is an additional \$54 (unless already included in your estimate).**

I accept  I decline

**3) Fleas:** Pets entering the hospital with fleas will be treated **at the owner's expense**. Fleas are easily transmitted between patients. Any pet with fleas admitted into our hospital could spread fleas to our other patients. **The cost of this is \$12.**

I understand these terms

**4) Vaccinations:** Required vaccines for admittance: Dogs-DHPP- CO, tracheobronchitis and rabies; Cats-FVRCP and rabies. **Cost varies depending on which vaccines are needed.**

I understand these terms

**MALES:** In the event that a testicle(s) is not located in the scrotum, it is medically prudent to locate and remove both testicles. Locating the non-scrotal testicle(s) involves an additional surgical procedure that is performed at the same time as the traditional neuter. We will NOT remove the sole scrotal testicle without locating and removing the other testicle. Additional charges apply.

**FEMALES:** We occasionally find factors that will increase the risk of surgery. These factors include being pregnant or being in heat. Each of these situations could increase the difficulty and length of the surgery. Additional charges apply in these situations.

**DECIDUOUS (BABY) TEETH:** In general, baby teeth should be gone by six months of age. We may not be able to tell if your pet still has baby teeth until under anesthesia. If present, we recommend removal while your pet is anesthetized. If not removed, adult teeth may not develop properly and this may cause dental issues as your pet gets older. These teeth will be harder to remove as your pet gets older.

YES, please remove deciduous teeth, if found (additional charges will apply)

NO, do not remove deciduous teeth, if found

*I hereby consent to and authorize the performance of an ovariohysterectomy (spay) or neuter for this animal. I understand that during the performance of this procedure(s), unforeseen conditions may occur. While North Haven Animal Hospital/North Colony Animal Hospital will do everything possible to avoid these, I have been made aware of the possible complications and risks. I understand that no sedative or anesthetic is risk free. Should an emergency arise calling for procedures in addition to those planned for today I authorize emergency treatment. I agree to pay in full for all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. With this knowledge, I hereby authorize North Haven Animal Hospital/North Colony Animal Hospital to anesthetize the above mentioned animal. I also release the staff of North Haven Animal Hospital/North Colony Animal Hospital from any and all claims.*

**All fees for services are due before the patient is released.**

\_\_\_\_\_  
**Signature of owner/caretaker**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**