

ANIMAL HOSPITAL OF BOONE
2773 Hwy 105 S.
Boone, NC 28607
(828) 264-7113

Castration in Cats

Pet: _____

General Information

Castration (neutering) is the surgical removal of the testicles. When a cat is castrated before sexual maturity (6 - 8 months of age), the sexual characteristics fail to develop, and the cat is sterile (unable to impregnate a female). Sexually driven behavior, such as roaming, fighting, and urine spraying, is either eliminated or markedly reduced. Neutered males may still enjoy hunting such things as mice, chipmunks, birds, and crickets. Neutering also reduces the strong urine odor associated with male cats.

Surgical Procedure

Neutering is a surgical procedure requiring general anesthesia and sterile operating technique. Your pet will be given a preoperative physical examination to help ensure its safety during anesthesia and surgery. The operation is performed under general anesthesia. Recovery is generally uneventful, the hospital stay is short, and aftercare is minimal.

Wellness Questionnaire (Please Initial either Yes or No)

_____ is _____ old. We recommend any animal over 7Y have pre-anesthesia bloodwork before sedation. This bloodwork checks kidney, liver, sugar, RBC, WBC, and dehydration values. Would you want this bloodwork? (\$80 charge)

YES _____ **NO** _____

Has your cat had any history of asthma, exercise intolerance, cough, or open mouth breathing?

YES _____ **NO** _____

If yes, please list: _____

Is your cat on any medications, supplements, or home remedies?

YES _____ **NO** _____

If yes, please list: _____

Does your cat have **any** known or suspected illnesses or medical problems?

YES _____ **NO** _____

If yes, please list: _____

Would you like to have your pet microchipped while in surgery today (\$45 fee)?

YES _____ **NO** _____

Surgical Release Form

I certify that I am the owner, or duly authorized agent for the owner, of the animal presented today, and that I give Dr's Johnson, Chesnutt, van der Westhuizen, Palmer, and Watson full and complete authority to perform the surgical procedure described above. Further, I understand that the doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia and surgery involve some minimal risk to my pet, and I will not hold the doctor and staff responsible under any circumstances. I assume all risks.

(Date)

(Signature)

Primary Contact Number

Emergency Contact Number