

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

**Castration in Dogs**

Pet: \_\_\_\_\_

**General Information**

Castration (neutering) is the surgical removal of the testicles. Such surgery is performed to eliminate sexual activities and render the dog sterile. Castration usually (but not always) reduces a dog's tendency to roam and fight. The general level of aggression may also be reduced. However, castration is not a replacement for obedience training by the owner. In older dogs, castration may be necessary because diseases of the testicles or prostate gland develop.

**Surgical Procedure**

Neutering is a major extra-abdominal surgery 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 **\*REQUIRE\*** any animal over 7Y to have pre-anesthesia bloodwork before sedation. This bloodwork checks kidney, liver, sugar, RBC, WBC, and dehydration values. Would you like this bloodwork? (\$80 charge)

YES \_\_\_\_\_ NO \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list: \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list: \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list: \_\_\_\_\_

We recommend any animal undergoing anesthesia receive anti-nausea medications to aid with post operative recovery. Would you like your pet to receive this? (38\$)

YES \_\_\_\_\_ NO \_\_\_\_\_

Would you like for your pet to have a microchip implanted today during surgery (\$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 doctors and staff responsible under any circumstances. I assume all risks.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Primary Contact Number

\_\_\_\_\_  
Emergency Contact Number