

ANIMAL HOSPITAL OF BOONE
2773 Hwy 105 S.
Boone, NC 28607

Ovariohysterectomy in Dogs (Spaying) Pet: _____

General Information

Ovariohysterectomy is the medical term for spaying a female dog. The procedure consists of surgical removal of the ovaries and uterus. If the ovaries are not removed, the bothersome heat periods still occur even though pregnancy is no longer possible. Surgery is usually performed at 5 ½ to 9 months of age, before the first heat period.

Surgical Procedure

Ovariohysterectomy is a major intra-abdominal surgery requiring general anesthesia and sterile operating technique. Prevention of pregnancy and heat periods are the main reasons for the surgery, but the procedure is often necessary in treating severe uterine infections, ovarian and/or uterine tumors, and some skin disorders. 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. 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 your pet to be 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 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.

In-Heat and/or Pregnancy Release

I certify that I am the owner, or duly authorized agent for the owner, of the animal presented today, and that I understand that there is an additional risk of spaying an in-heat or pregnant animal, and I give full and complete authority to perform the surgical procedure even if the animal is in-heat or pregnant.

(Date)

(Signature)

Primary Contact Number

Emergency Contact Number