

Alta-View Animal Hospital
690 Showers Dr. Mountain View, CA 94040

Client _____
Pet _____
Weight _____
Age _____

Spay/Neuter Authorization Form

We have your pet scheduled for Spay or Neuter, _____

We *expect* to discharge her/him at _____

Your pet is scheduled for anesthesia and surgery. There are a variety of other services that we recommend, and/or may be appropriate for your pet.

Are there any other services you would like performed today?

Please initial on this form any other elective services you accept.

- _____ We recommend your pet be permanently identified with a microchip if not done previously.
- _____ We recommend a hip (X-ray) to check for hip dysplasia tendency for any pets expected to be over 40#.
- _____ We recommend elbow X-rays for all large breed dogs.
- _____ We recommend a fecal examination to insure your pet is rid of internal parasites.
- _____ We recommend retained baby teeth be extracted if your pet is older than 6 months.
- _____ We recommend a urinalysis if your pup has housebreaking problems, or submissive wetting problems.
- _____ We can repair an umbilical hernia if it exists.
- _____ We recommend the tear ducts be flushed and/or opened if your pet has epiphora (tear staining).
- _____ We can remove eyelashes that are disturbing the eyes due to growing in the wrong direction, or place.
- _____ We recommend eyelid corrective surgery if the eyelids are abnormal so as to be disturbing the eye.
- _____ Dogs that will be hunted or worked in the field may have their dewclaws removed to help prevent future trauma.
- _____ Cats can be declawed.

The following grooming services can be completed: Toe nail trims_____, Ear Hygiene (plucking hair out of the ears and/or cleaning)_____, Brushing or Clipping out mats_____, Expressing anal sacs_____.

I have received estimate # _____ ranging from \$ _____ to \$ _____ for the prescheduled and anticipated services. My pet has not had any food today. I am the owner/agent for described animal and I authorize and request the services listed on this form and discussed above. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death. I have indicated any additional services I would like performed. I understand that pain and/or antivomiting medication will be provided as deemed reasonable by Dr. Paul Ghuman. I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today. I can be reached at _____ today.

Signature: _____ Date: _____