

# Dog Spay (Dog<8y) GRAND PET CARE CENTERS

**CANINES UNDER 8 YEARS OLD (50 years and under in humans)/SPAY SURGICAL RELEASE (Under 10 LB)**

Ovariohysterectomy is a surgical procedure, which involves removing both the uterus and the ovaries. Your pet will be unable to reproduce after this surgery, or go into "heat". This procedure can help to prevent cancer of the mammary gland (breast cancer) and diseases of the ovaries and uterus (Pyometra, sexually transmitted diseases, etc). Spaying your pet is best performed before the first "heat" (6-9 month of age) This procedure requires a general anesthetic, the depth of which must be closely monitored. **THIS IS NOT A SIMPLE ASSEMBLY LINE PROCEDURE.** Several large blood vessels must be ligated, and sterility must be maintained to prevent infection.

Laboratory and ECG tests before an anesthetic or surgery, can help make us aware of unknown medical conditions that may make your pet a poor surgical risk, or indicate an increased likelihood of an adverse reaction to the anesthetic agent. In addition, these tests can help us discover many problems early on, before they cause unnecessary pain, expense... or worse.

## REQUIRED

All Items Are Mandatory	Cost
<b>Doctor Examination</b> (\$38.98)	<b>INCLUDED</b>
<b>* Pre-Anesthetic Blood Test Screen</b>	68.98
<b>Intravenous catheter Placement : Safety</b> (\$46.86)	<b>INCLUDED</b>
<b>Intravenous Fluid: Safty</b> (\$28.98)	<b>INCLUDED</b>
<b>Anesthesia</b>	<b>INCLUDED</b>
Intravenous Induction and Tracheal intubations	<b>INCLUDED</b>
Isoflorance inhalant	<b>INCLUDED</b>
Heart & Lung Monitor (ECG, B. Pressure, Pulse Ox)	<b>INCLUDED</b>
<b>Operating Room:</b>	<b>INCLUDED</b>
Cap, Gown and Mask	<b>INCLUDED</b>
Surgical Assistant, Recovery Care, Heating pad	<b>INCLUDED</b>
Autoclaving, Instruments, Supplies, Suture Material	<b>INCLUDED</b>
<b>Dog Spay: &lt;10 lb (+\$10 for every extra 10 lb)</b>	196.98
In Heat or Obese (20-80 dollars *based on weight)	
Early Pregnancy (40-120 dollars *based on weight)	
<b>*Extra is based on Dr. surgical observation</b>	
Antibiotic injection (\$38.94)	<b>INCLUDED</b>
Pain relief injection(\$38.94)	<b>INCLUDED</b>
<b>REQUIRED TOTAL</b>	

\* Add \$6.98 C&M and Hazard Waste fee

## HIGHLY RECOMMENDED

Reduces Anesthetic Risks	Decline	Cost
<b>Prothrombin Time</b> (Blood Clotting Ability)		34.60
<b>ECG Screen:</b> Cardiologist Consultation		80.96
<b>Fecal Test</b>		24.86
<b>Blood Pressure Test</b>		38.98
<b>Urine Analysis</b>		38.96
<b>Pain Medicine:</b> Pain relief prescription		
<b>HIGHLY RECOMMENDED TOTAL</b>		

\* Add \$6.98 C&M and Hazard Waste fee

## ELECTIVE

All done under Anesthesia	Accept	Cost
<b>Heartworm blood test</b>		42.82
<b>X-Ray Hip Dysplasia screening</b>		98.78
Board certified radiologist reading		60.98
<b>Microchip personal ID</b>		
<b>Nail trim</b> (aggressive)		
<b>Anal gland express</b> (rectally)		
<b>Microchip (including registration)</b>		20.00
<b>Deep ear cleaning</b>		
<b>Dental Vaccine(\$16 ONLY w/Spay)</b>	(Usully \$18)	16
<b>Dental ultrasonic Scale &amp; Polish</b>		80.94
<b>Capstar Flea Treatment</b>		
* Mandetory if pet has fleas		4.98
<b>ELECTIVE TOTAL</b>		



**"PDGS-Dental"**  
A New Vaccine To  
Help Fight Dental  
Disease.

The most common bad bacteria in canine periodontitis are 3 anaerobic bacteria: •Porphyromonas gulae •Porphyromonas denticanis •Porphyromonas salivosa

<b>TOTAL REQUIRED PROCEDURES</b>	
<b>TOTAL RECOMMENDED PROCEDURES</b>	
<b>TOTAL ELECTIVE PROCEDURES</b>	
<b>GRAND TOTAL</b>	

## OWNER CONSENT: REQUIRED FOR ALL PATIENTS

I understand that I am requesting a general anesthetic or major surgical procedure for my pet. I understand that some risks are involved that can be reduced by the above recommended tests. I am encouraged to discuss any concerns I have about those risks with the attending doctor. I certify that no guarantees had been made regarding the results that may be achieved. I further understand that refusal of any of the recommended tests removes any liability of GPCC, its doctors or staff. Should unexpected life-saving emergency care be required and the hospital is unable to reach me, the staff has \_\_\_ does not have \_\_\_ (check one) my permission to provide such treatment and I agree to pay for such service. I have read and fully understand the above terms and conditions set forth above. I agree to pay a deposit of \_\_\_ % of the estimated fees, assume financial responsibility for the remaining fees, and provide the remaining payments at the time my pet is discharged from the hospital.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Pet: \_\_\_\_\_

Owner or authorized agent of owner (over 18 years of age)