

# Cat Neuter (Cat≥8Y) GRAND PET CARE CENTERS

**FELINES 8 YEARS AND OLDER (50 years and older in humans) /NEUTER SURGICAL RELEASE**

Castration (neuter) is a surgical procedure which involves removing both testes. Your pet will be unable to reproduce after this surgery. If done early, this procedure can help prevent prostatic disease, cancer, aggressiveness, and roaming tendencies. 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, nerves and the vas deferens must be ligated, and sterility must be maintained to prevent infection

**Laboratory and blood pressure 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>	<b>INCLUDED</b>
<b>Blood Test:</b> Internal Organ Screen & Blood Cell Count	128.98
<b>Urine Analysis</b>	38.96
<b>Intravenous catheter placement-includes:</b>	
Catheter IV	42.86
Administration set	INCLUDED
Intravenous Fluid	28.96
<b>Anesthesia-Includes:</b>	<b>INCLUDED</b>
Intravenous Induction	INCLUDED
Tracheal intubations	INCLUDED
Isoflorance inhalant	INCLUDED
Heart & Lung monitors	INCLUDED
<b>Operating Room:</b>	<b>INCLUDED</b>
Thermal heating pad	INCLUDED
Instruments	INCLUDED
Supplies	INCLUDED
<b>Surgery (Cat Neuter): Add \$4 if 9lb or Over</b>	116.94
Inguinal Cryptorcid (40.98 dollars)	
Abdominal Cryptorcid (200.26 dollars)	
<b>Medicine (when necessary):</b>	
Antibiotic injection (\$38.94)	INCLUDED
Pain Relief Injection (\$38.94)	INCLUDED
<b>REQUIRED TOTAL</b>	

## HIGHLY RECOMMENDED

	Decline	Cost
<b>Blood Pressure Test</b>		38.82
<b>Add-On Blood Test: (combo test)</b>		42.96
Feline Leukemia Virus (FeLV) & Feline AIDS combo blood test		
<b>Take Home Medicine:</b>		
Anitbiotic prescripition		
<b>Pain relief prescription</b>		
<b>HIGHLY RECOMMENDED TOTAL</b>		

## ELECTIVE

All done under Anesthesia	Accept	Cost
<b>Chest &amp; Abdominal radiographs:</b>		
Board certified radiologist reading		
<b>Warts and Lumps removal</b>		
<b>Microchip (including registration)</b>		20.00
<b>Deep ear cleaning (SevereCase)</b>		
<b>Fecal Test</b>		
<b>Dental ultrasonic Scale &amp; Polish</b>		80.94
<b>Clip Matted coat</b>		
<b>Capstar Flea Treatment</b>		4.98
*Mandatory if pet has fleas		
<b>ELECTIVE TOTAL</b>		

\*Add \$6.88 C&M and Hazard Waste fee

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



**“Dental Clean”  
To Help Fight  
Dental Disease**

### 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 have 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)