

# Ovariohysterectomy In Cats (Spaying)

Pet:

Last Name:

## General Information

Ovariohysterectomy is the medical term for spaying a female cat. The procedure consists of surgical removal of the ovaries and uterus. If the ovaries are not removed, the bothersome heat periods will still occur even though pregnancy is no longer possible. Surgery is usually performed at 6 to 9 months of age, before the first heat period.

## Surgical Procedure

Ovariohysterectomy is major intra-abdominal surgery requiring general anesthesia and sterile operating technique. Prevention of pregnancy and heat periods is the main reason 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. I also understand if my pet has any flees or intestinal parasites, that it will be given medication to remove said parasites while in the hospital area.

## Wellness Questionnaire (Please initial either yes or no)

Animal Name

Age

is

old. We require any animal over 7Y to have

pre-anesthesia bloodwork before sedation unless there is current bloodwork within three months.

If your pet is under the age of 7Y do you want this blood work to check kidney, liver, sugar, RBC, WBC, and dehydration values? (\$70)

YES

NO

Has your pet had any history of athsma, exercise intolerance, cough, or open mouth breathing?

YES

NO

If YES please list: \_\_\_\_\_

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

YES

NO

If YES please list: \_\_\_\_\_

Does your pet have any known or suspected illnesses or medical problems?

YES

NO

If YES please list: \_\_\_\_\_

## Surgical Release Form

I certify that I am the owner, or duty authorized agent for the owner, of the animal presented today, and that i give Dr's Johnson, van der Westerhuizen, Watson and Chesnutt 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 anesthesia and surgery involves 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)

\_\_\_\_\_  
(Emergency Contact Number)

## Surgical Release Form

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

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

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

\_\_\_\_\_  
(Emergency Contact Number)

Would you like to have your pet microchipped while in surgery (\$30 fee)? \_\_\_\_\_