



OCONEE  
VETERINARY  
HOSPITAL

[www.oconeevet.com](http://www.oconeevet.com)

7530 Macon Highway  
Watkinsville, Georgia 30677  
706-769-7513

## Canine (under 50 lbs) Ovariohysterectomy (Spay) Estimate

Also known as a Spay, this procedure involves removing the ovaries and the uterus, making heat cycles and pregnancy no longer possible. We recommend this surgery be performed before the first heat cycle, or around 4-7 months of age. We discourage you from spaying your pet during the heat cycle, as this adds unnecessary, potential risk. This estimate is for dogs 2 years and under. Prices are subject to change.

This surgical procedure also includes:

- A brief preanesthetic exam.
- Basic blood testing to check for anemia, kidney, liver and pancreas function. This helps insure a favorable outcome, or gives us a warning for potential problems.
- Intravenous catheter placement and fluid administration.
- Premedication to relax them prior to the procedure.
- General, gas anesthetic.
- Anesthetic monitoring.
- Pain medications given at the time of the procedure for all patients.
- Continued after care monitoring, and one night of hospitalization.
- Pain medications sent home if needed.

The full cost of this procedure is valued:     \$ 355 .00  
Our clinic initiated discounts:                 - \$ 134. 00

**Total price:**   \$ 221. 00

Extra surgical charges will apply if:

1. In heat.     Add \$65.00
2. Pregnant.   Add \$105.00

### **Considerations for surgical candidates:**

- Must have verifiable (in writing) proof of vaccines; this insures the safety of our staff and other pets in the clinic.
- The surgery must be scheduled by appointment only.
- Must be free of external and internal parasites. If parasites are detected, they will be treated at the owner's expense.
- Be prepared to limit the pet's activity post operatively as instructed.



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**Surgical Consent**  
**Oconee Veterinary Hospital**  
**706-769-7513 • fax 706-769-9142**

Date \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Pet's name \_\_\_\_\_  
 Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Today's Phone Number \_\_\_\_\_

As the owner or agent of the above animal, I hereby give my consent to Oconee Veterinary Hospital to perform the following procedures:

- 1. Neuter  \$ \_\_\_\_\_
- 2. Spay  \$ \_\_\_\_\_
- 3. Dental  \$ \_\_\_\_\_
- 4. Mass removal  \$ \_\_\_\_\_
- 5. Dewclaw  \$ \_\_\_\_\_
- 6. Microchip  \$ \_\_\_\_\_
- 7. Vaccines  \$ \_\_\_\_\_
- 8. Other \_\_\_\_\_

I understand that during the performance of this/these procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Oconee Veterinary Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved has been explained to me and I realize results cannot be guaranteed. I am aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding my pet(s).

**All services must be paid for at the time they are rendered.** We do not post date checks or extend credit. We do take Cash, Check, American Express, Discover, Visa, MasterCard, and Care Credit.

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ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE.

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Owner's signature \_\_\_\_\_

Staff signature \_\_\_\_\_