

Hope Mills Road Animal Hospital

CCAC AND FOA SPAY & NEUTER PAIN MEDICATION FORM

Pet name: _____

Owner Name: _____

I understand that surgery to sterilize my pet may will result in some level of pain, inflammation, and/or swelling after surgery. With this in mind I have chosen the following pain management plan for my pet:

____ I elect a complete pain package for my pet (to include an injection and also medication to take home.

____ I elect only one-half of a pain package (medication to take home only.)

____ Against doctor recommendation, I decline to provide my pet with any medication for pain, inflammation, and/or swelling.

Owner Signature: _____

Owner Printed Name: _____

Date: _____