



TREATMENT AUTHORIZATION FORM

Pet Owner(s): _____ Pet Name(s): _____ Staff Initials: _____
Veterinarian: Stewart F.M. Colby, DVM Other _____

By signing below I acknowledge the following:

I authorize the above-named veterinarian, and his/her staff, to perform the treatment/procedure(s) described below. I have been informed of the reasons for the treatment/procedure(s), along with the expected benefits and risks involved:

Treatment(S) LOW COST SEX ALTERATION;

RABBITS FOUND TO HAVE NEOPLASIA (CANCER):

FEMALES - Cancer of the uterus often occurs before or simultaneously with other conditions, such as mammary cancer, mastitis, uterine inflammation, endometriosis, endometritis, endometrial hyperplasia, and other uterine issues. The tumors can spread into both the surrounding areas and further tissues, such as the brain, eyes, bones and lungs. If the uterine tumor grows large enough to break open the uterus, it can cause leakage into the abdomen, leading to infection and possibly death. Uterine adenocarcinoma is the most common type of cancer in rabbits, and can occur in 60% of females over 3 years old. Some breeds, such as tan, Havana, French silver, and Dutch have an increased risk factor.

MALES - Four types of testicular neoplasia have been described in rabbits: Seminomas, Sertoli cell tumors, Interstitial cell tumors (of which Leydig cell tumors are the most common variety), Teratomas. They can be non-functional or hormone secreting (functional). Neoplasms of different tumor types can occur simultaneously in both testes. Rabbits with undescended testicles present as higher risk. Higher incidence in older rabbits. Testicular tumors are found rarely in rabbits.

Please initial:

_____ I do hereby **WANT X-rays (\$75)** to see if cancer has spread throughout the body.

_____ I do hereby **DECLINE X-rays** to see if cancer has spread throughout the body. **please initial next line as well if you decline x-rays.*

_____ I hereby release Dr. Stewart F.M. Colby and staff or Dr. _____ of all responsibility pertaining to my refusal of the above. He/She will not be held liable or responsible in any manner whatsoever. It is further understood I assume all risks by my refusal of the above named treatment(s) or medical test(s).

Rabbit Hemorrhagic Disease Virus-2 (RHDV-2) Vaccination:

We are approved by the USDA and our state veterinarian to purchase vaccines for RHDV-2. We are highly recommending to get all rabbits vaccinated as soon as possible. RHDV-2 is a highly contagious virus that is fatal to both domestic and wild rabbits. Symptoms include bleeding from the nares, mouth and/or rectum, elevated temperature, respiratory distress, and sudden death. The vaccine does take seven days to reach humoral immunity.

_____ I do hereby **WANT RHDV-2 Vaccine Package (\$127)** to vaccinate my rabbit against RHDV-2.

_____ I do hereby **DECLINE RHDV-2 Vaccine Package** **please initial next line as well if you decline the vaccine package.*

I understand the doctor(s) and staff will use all reasonable precaution against injury, escape, or death of my pet. I understand all anesthesia and sedatives involve some minimal risk to my pet and I will not hold the doctor and staff responsible under any circumstances. I understand I assume all risks.

Anesthesia will be used. Sedatives will be used.

I understand unforeseen conditions may require an extension of a planned procedure or operation as is necessary and advisable in the professional judgment of the veterinarian. ***ADDITIONAL FEES MAY APPLY***

I understand Windward Animal Hospital is not staffed twenty-four (24) hours a day and after hour treatment of patients is at the discretion of the veterinarian.

I understand I will incur a hospitalization fee of \$30 if I do not pick up my rabbit by 11:30am today.

Windward Animal Hospital will provide bathing, clipping, and cleaning services for our patients as deemed medically necessary and/or as requested by clients. Staff of Windward Animal Hospital are **NOT** professional groomers and **WILL NOT** be held responsible for the aesthetic outcome of any shaving, trimming, clipping, etc. of any pet. Windward Animal Hospital staff will do their best to enhance my pet's appearance per healthcare needs: surgery, skin infections, mats, dirt, etc.

Client Signature: _____ **Date:** ____/____/20____

I have read the above statements and give my complete consent and permission. I assume all responsibility for all charges in the care of my pet. I understand ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Thank you for letting **Windward Animal Hospital** be your pet's health-care team!!!

- ❖ *If any symptoms occur after regular business hours please call/text Dr. Colby's mobile number.*
- ❖ *Please email us at windwardwecare@gmail.com with concerns and/or pictures.*
- ❖ *By signing this form I agree to pay all charges and am satisfied with the care my pet received today.*



DISCHARGE INSTRUCTIONS

Pet Owner(s): _____ Pet Name(s): _____
Treatment Date: / / Treatment(s): LOW COST SEX ALTERATION;

MEDICATION

- Metacam **Follow directions on medication.*
- Pediatric Gas Medication (Simethicone or Mylicon Drops) ***Please get this from any pharmacy***
If rabbit does not eat by 6pm start 1cc every 4-6 hours.

FOOD &

WATER

- Feed your pet his/her normal diet and offer water with no restrictions in bowls only.

EXERCISE

- Animal(s) left hospital ambulatory **owner's signature* _____
- Keep in pen for 24hrs before playtime. Nothing in pen higher than litter box (i.e. ramps) to prevent injury.
- May resume normal activity in **2-3** days for neuters and **4-5** for spays.

SUTURES

- No external sutures. **Please check incision site at least once a day for swelling, redness, blood or discharge.*

FOLLOW-UP

- Please call/email with a progress report in **5-7** days.
- No follow-ups or rechecks required. **Unless otherwise specified. Complimentary exam if your rabbit needs to be seen within 24 hours. All treatments that day will be discounted 15%.*

MONITOR

Call Windward Animal Hospital **(770-569-7298)** immediately if any of the following occur:

- | | | | |
|--|---------------------------------|------------|------------------|
| ● Loss of appetite | ● Depression | ● Weakness | ● Abnormal odors |
| ● Refusal to drink water | ● Change in breathing | ● Pain | ● Diarrhea |
| ● Excess drainage from incision | ● Difficulty moving | ● Vomiting | ● Swelling |
| ● Chewing/licking/scratching incision site | ● Straining to urinate/defecate | | |
| ● Discharge from eyes, ears, incision site or nose | | | |

Gas

The most prominent symptoms of gas are gurgling noises coming from the stomach, lethargy, decreased appetite, hunched posture or pressing stomach against floor, or low body temperature (under 100°F).

- Pediatric Gas Medication (Simethicone or Mylicon Drops. If rabbit does not eat by 6pm start 1cc every 4-6 hours. Contact WAH ● Snugglesafe or heating pad w/non shut off control ● Pedialyte ● Baby Food (fruit, carrot, squash) ● Feeding Syringes

GI Stasis

Symptoms usually include decreased fecal production, decreased appetite and lethargy. Most of the time rabbit parents do not even notice a problem until the rabbit stops eating. When the rabbit stops eating, you have an emergency. Call your rabbit-knowledgeable veterinarian immediately. Be sure to tell them, to the best of your knowledge, the last time you saw your rabbit eat or drink anything, the last fecal output you noticed and was it normal and estimate the amount of time you believe your rabbit has been acting abnormally. Quick action on your part could make all the difference.

- Snugglesafe or heating pad w/non shut off control
- Pedialyte
- Baby Food (fruit, carrot, squash)
- Feeding Syringes
- Critical Care
- Digital thermometer

Additional Instructions:

Your rabbit needs to be monitored for at least 2-4 hours after surgery to ensure they are eating, drinking, and defecating. Keep your bunny warm. In most cases, body temperature will drop after anesthesia and keeping your bunny warm is essential, use a heating pad set to high with a towel over it or snugglesafe which can be heated in the microwave and is much safer than a heating pad. You can achieve this by using plastic soda bottles filled with warm water and having the bunny lay up against them. You can also use your own body heat by holding your rabbit close to you underneath a blanket.

Client Signature: _____ Staff Initials: _____

Thank you for letting **Windward Animal Hospital** be your pet's health-care team!!!

- ❖ *If any symptoms occur after regular business hours please call/text Dr. Colby's mobile number.*
- ❖ *Please email us at windwardwecare@gmail.com with concerns and/or pictures.*
- ❖ *By signing this form I agree to pay all charges and am satisfied with the care my pet received today.*