



Name: _____

Phone number: _____

County: _____

Pet name: _____

Age: _____

Has your pet eaten this morning? YES NO

SERVICES

- Rabies 1yr
- Rabies 3yr
- Distemper
- Bordetella
- Lepto
- Lyme
- Influenza
- FVRCP (Feline)
- Rabies tag (Required for Will Cty.)
- Cone
- Microchip
- Anti-nausea injection
- Calming meds
- Nail Dremel (Dogs only)
- Bloodwork* (\$120) required
for all pets 5 and older
- All-in-One Heartworm & Flea/Tick 3 6 12

_____(initial) I hereby acknowledge that I will be charged \$1/minute if I am later than 3:30pm on Mondays & Wednesdays, or 5:30pm on Thursdays & Fridays

*Bloodwork required for all animals over 5 for spay/neuter, all specialty and all dentals

Signature: _____

Date: _____

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated. I have been informed that there are risks associated with the use of any medication.

I authorize the staff to fix a hernia on my animal if there is one present (umbilical - \$75, inguinal - \$150). I also authorize them to remove any deciduous teeth the animal has that could lead to future dental issues (\$20).

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome and do not hold SNIP Society, NFP liable for any issues before, during or after surgery. I also understand that SNIP Society, NFP may not be open or available to fix any post-op surgical issues and the financial cost of this is my own.

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.



POST-OP INSTRUCTIONS

Do not let your pet interact with other pets at home after surgery.

Restrict activity for 14 days . No rough play, running or jumping. Too much activity can cause the surgery site to become open or swollen. No long walks - keep your dog on a leash

We recommend wearing an e-collar for 14 days after surgery. Licking the incision site can cause infection.

Pain meds - Please finish all pain meds you have been given

Surgical Site - Stitches are dissolvable. A small, green tattoo has been placed near the surgery site.

Food & Water - You can offer your pet ½ of the normal food and water 2 hours after returning home from surgery. They can eat normally the day after surgery. It is not uncommon for a pet to not eat the day of surgery.

Note: SNIP Society cannot be held responsible for any postoperative complications due to non-compliance. Improper post-operative care can lead to complications and require additional care to remedy the issue.

Emergency

VCA Aurora (630) 301-6100

Animal Emergency of Mokena (708) 326-4800