*Owner*
Name _____

Address _____

City _____ **IL** Zip _____

County _____

Phone _____

Email _____

Has your pet had anything to eat today? Yes No

I understand that any retained baby teeth (haven't fallen out) can be removed ($20), an umbilical hernia can be repaired ($75) and an inguinal hernia ($150) while the animal is under going surgery with consent. If it is not removed/repaired, you may elect to have it done at your primary veterinarian as a separate procedure.

INITIAL ACCEPT_____

I understand I am financially responsible for any and all medical conditions found at the time of surgery and require treatment in order to complete the requested surgery successfully (IE: uterine infection, etc...)

INITIAL ACCEPT_____

Has you pet had any prior medical conditions? If yes, please explain

_____

Is your pet currently on any medication? If yes, please explain

What medication?_____ When?_____

When was the last time your pet received heartworm medication?

_____

*Date:* _____

*Pet's* Name

_____

Age or Birthdate _____

DOG CAT Male Female

Color _____

Breed _____

In-house blood work allows the veterinarian to assess your pet's overall health, ensuring that your pet is a good candidate for anesthesia. Pre-surgical blood work is highly recommended but not required for pets under 5 years of age. Would you like Blood work?

***YES***_____ ***NO***_____

**SURGICAL CONSENT WAIVER**

SNIP Society, NFP uses licensed Veterinarians and trained experienced staffing as well as the highest quality materials for all procedures performed. It is important for you to understand the risk of surgery, although extremely low, the risk of death is always present, just as it is for humans that undergo surgery.

I, acting as owner or agent of the pet named above, authorize the SNIP Society ,NFP to perform surgery on this animal. I authorize the Veterinarian to administer any treatment considered necessary during the course of the examination and surgery.
I release and indemnify all SNIP Society ,NFP employees, volunteers, and agents from all liability.
I understand that the Veterinarian maintains the right to refuse to perform surgery for any animal for whom surgery is deemed a health risk.

*Your pet may receive a small tattoo on their underside indicating sterilization.*

_____

*Signature*

# SNIP Society
Spay Neuter Illinois Pets

## SERVICES REQUESTED TODAY

- o Spay/Neuter
- o Rabies 1YR 3YR
- o Distemper/FVRCP
- o Lepto
- o Bordetella
- o Lyme
- o Influenza
- o Heartworm Test
- o Heartworm Medicine 6 - 12
- o Flea & Tick 3 - 6 - 12
- o All-in-one - HW & FT 3 - 6 - 12

Do you want a Microchip? Yes No

Do you want anti-nausea meds? Yes No

Do you want an E-collar/Cone? Yes No

Does your pet need calming medicine? Yes No

Dremel your pet's nails? Yes No

I understand that if I am not in the parking lot to pick up my animal by 5:30 pm, I will incur a $1/minute additional fee charged at the time of checkout.

*Initial Consent*_____