

SPAY/NEUTER INTAKE FORM

OWNER INFO

SIGNATURE:____

PET INFO

Name:	Name:		
Phone number:	Age:_		
County:		M / F	Dog / Cat
Has your pet eaten this morning? YES NO		DOG	
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.	0	Rabies 1 year	•
	0	Rabies 3 year	
	0	Rabies Tag (required for Will Cty. Res.)	
I have been informed that there are certain risks and	0	Distemper	
complications associated with sedation, anesthesia, medication, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operation, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary	0	Lepto	
	0	Bordetella	
	0	Lyme	
	0	Influenza	
by the veterinarian. I am encouraged to discuss any	0	4DX (HW w/tick born disease) \$40	
concerns I have about these risks before the procedure is initiated. The nature of these operations or procedures	0	Heartworm	test \$25
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		CAT	
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	0	O Rabies 1 year	
	0	Rabies 3 year	
have been answered to my satisfaction. I accept that my	0	FVRCP	
financial obligations remain regardless of the outcome and do not hold SNIP Society, NFP liable for any issues	0		
before, during or after surgery. I also understand that	O	Combo test	- recv/riv
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.		ВОТН	
I assume all liability for post-op care for my pet. I	0	Anti-nausea	
have been advised that a cone, anti-nausea medication, and calming meds are recommended for proper recovery.	0	Cone	
	0	Calming 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 that could lead to future dental issues (\$20 each).	0	Microchip	
	0	Heartworm, Flea/tick, All-in-one	
	0	Bloodwork (sanimals over	\$120) - required for all 5 years old
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			
I have read and understand this authorization and hereby ac	ecept and a	agree to the ter	rms of the consent form.

DATE:_____



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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

I have read and understand this authorization and hereby accept	pt and agree to the terms of the consent form.
SIGNATURE:	DATE: