

Operation: SNIP Spay/Neuter Admission Form

Pet's Name	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Female Last heat cycle _____	Age
Owner's Last Name	Owner's First Name	Cell Phone	Emergency Contact
Owner's Street Address	City	State	Zip Code
Email Address			
Pet's Breed (cats if breed unknown Domestic Short Hair or Domestic Long Hair)		Pet's Color	

Operation:SNIP Inc. uses qualified staffing & approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery.

Carefully read, & ensure you understand, the following before signing your name:

- I, acting as owner or agent of the pet named above, hereby request and authorize Operation:SNIP Inc, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.
- I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.
- I understand for sterilization at Operation:SNIP my pets must be between the age of 3 months and over 3 lbs and must be no older than 6 years and under 100 lbs.
- I understand that I must bring in proof of rabies vaccination or Operation:SNIP will vaccinate against rabies and you will be charged for rabies vaccine. The Pinellas County license fee is \$20 for 1 year and \$40 for 3 years.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand that if my pet develops kennel cough after surgery, I am responsible for treatment at my own cost.
- I certify that my animal is in good health and, if an adult, has had no food since 12:00 midnight the evening prior to surgery.
- I understand that Operation:SNIP has the right to refuse service to any animal to whom surgery is deemed a health risk,
- I understand that Operation:SNIP will perform a complete physical examination before surgery is performed, and that my animal will not receive pre-operative bloodwork at Operation:SNIP. If I choose for my pet to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, *heat*, and diseases such as feline immunodeficiency virus (FIV), feline leukemia (FeLV), and heartworms.
- I understand that if my female dog/cat is pregnant, the pregnancy will be terminated at surgery and there will be an additional charge of \$20(cats) or \$50 (dogs).
- I understand that if my animal has an open umbilical hernia it will be repaired at the time of surgery at an additional charge of \$20(cats) or \$40(dogs).
- I understand that if my animal is cryptorchid (retained testicle) there will be \$30 charge for cats and a \$50 charge for dogs per testicle.
- Operation:SNIP scans all animals, if a microchip is found It will be your responsibility to contact previous registered owner.
- I understand that if I do not retrieve my pet(s) at the agreed upon pick up time, your pet will be considered abandoned and Operation:SNIP will turn the pet(s) over to Pinellas County Animal Services.
- If at time of physical exam our Veterinarian detects a heart murmur we will continue with the surgery if it is a mild heart murmur and I understand there is more risk involved with this procedure. If it is a severe heart murmur we will decline the animal for surgery.
- I hereby release Operation:SNIP Inc, which includes Directors, Veterinarians, Certified Veterinarian Technicians, Veterinarian Technician Assistants, Volunteers, and all employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Operation:SNIP Inc.harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

YOUR ANIMAL WILL RECEIVE A SMALL SPAY/NEUTER TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

IF YOUR PET HAS FLEAS EXPECT AN ADDITIONAL CHARGE : CATS REVOLUTION \$16 DOGS CREDELIO AND OR NEXGARD \$20

- I HAVE PROOF OF A NEGATIVE HEARTWORM TEST WITHIN THE LAST YEAR,
- I AGREE TO HEARTWORM TEST MY DOG WITH OPERATION:SNIP I WILL RECEIVE ONE MONTH OF PREVENTATIVE AND TESTING FOR AN ADDITIONAL FEE OF \$30

Female dogs only: My female dog is not in heat and has been over her last heat cycle for at least two weeks. I understand that there is a higher surgical risk associated with the spay of a dog who is currently in heat. I understand that if my dog is in heat there will be an additional charge of \$40.00.

- I agree I disagree

By signing you acknowledge that you have read and understand this form.

PICK UP IS TODAY BETWEEN 3-4 PM _____

SIGNATURE _____

DATE _____

INITIAL _____

Operation:SNIP Inc.

Veterinary Staff: PETS NAME _____
 COLOR _____ AGE _____
 F/D M/D F/C M/C Weight _____

To help ensure your animal is healthy for anesthesia, the following questions are very important.

- How long have you owned this pet? _____ Was your pet Rescued/Adopted/Purchased/Other: _____
- Has this pet ever had a litter? Yes/ No. If yes, how many and how old are they? _____
- Has this pet ever been examined by a veterinarian? Yes/No Hospital Name _____ Date of last visit _____
- Has this pet ever received dewormer or vaccinations? _____
- Has this pet eaten since Midnight? Yes/ No
- Has this pet ever had an abdominal surgery? Yes/ No _____
- Is this pet currently taking any medications? Yes/ No
 Please list any medications, supplements, flea prevention/treatment, heartworm prevention, pain medicines, etc

- Is this pet allergic to any medications or ever had any adverse reaction? Yes/ No _____
- Have your pet's eating and/or drinking habits changed in the last 30 days? Yes/ No _____
- Has this pet vomited, had diarrhea, been coughing, runny eyes or sneezing in the last week? Yes/ No _____
- Has this pet recently shown any signs of exercise intolerance? Yes/No _____
- Has any veterinarian ever advised you of this pet having a heart murmur, liver or kidney problem? Yes/ No _____
- If dog, has it had a heartworm test in the past year? Yes/No Clinic _____ Date _____ Results _____
- Where does your pet live? Circle one: Indoor/Outdoor/Both
- How did hear about Operation:SNIP? _____

Select the following services you would like done today

Feline Vaccines & Services

- Rabies Vaccine 1 yr or 3 yr \$15
- Pinellas County License-1 yr \$20
- Pinellas County License-3 yr \$40
- Feline Distemper Vaccine \$15
- Feline Distemper Vaccine 3 yr. \$20
- Feline Leukemia Vaccine \$15
- FeLV/FIV Combo Test \$25
- Microchip with registration \$20
- Fecal \$10
- Hook/roundworm treatment \$10
- Profender for cats \$25
- Ear cleaning
- Free Nail Trim

Canine Vaccines & Services

- Rabies Vaccine 1 yr or 3 yr \$15
- Pinellas County License-1 yr \$20
- Pinellas County License-3 yr \$40
- Canine Distemper/Parvo Vaccine \$15
- Canine Distemper/Parvo Vaccine 3 yr \$20
- Bordetella (Kennel Cough vaccine) \$15
- Canine Influenza \$20
- Leptospirosis \$20
- Heartworm Test \$20
- Microchip with registration \$20
- Fecal \$10
- Hook/roundworm treatment \$10
- Tapeworm treatment \$15+
- Ear cleaning \$10
- Free Nail Trim

Heartworm/Flea Preventative

- | Canine | Supply |
|------------------------------------|-----------|
| <input type="checkbox"/> Trifexis | 1m/6m/12m |
| <input type="checkbox"/> Heartgard | 1m/6m/12m |
| <input type="checkbox"/> Nexgard | 1m/6m/12m |
| <input type="checkbox"/> Bravecto | 3m/6m/12m |
| <input type="checkbox"/> Credelio | 1m/6m/12m |
-
- | Feline | Supply |
|-------------------------------------|-----------|
| <input type="checkbox"/> Cheristin | 1m/6m/12m |
| <input type="checkbox"/> Revolution | 1m/6m/12m |
| <input type="checkbox"/> Bravecto | 3m/6m/12m |

Email
 Next Appt Date _____
 Time _____

Veterinary Staff Use ONLY

MICROCHIP #	TAG#
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BCS: _____ **P**E: QAR/BAR _____ **T** _____ **P** _____ **R** _____ **MM/CRT** _____ **DERM** NSF/AB
EENT NSF/Ab **O**RAL NSF/Ab **P**LN NSF/Ab **A**BD NSF/Ab **C**V NSF/Ab **R**ESP NSF/ Ab **N**ERV NSF/Ab **M/S** NSF/Ab

Ace 10mg/ml or 1 mg/ml _____ ml SC Time _____ Butorphanol 10 mg/ml _____ ml SC Time _____ Bup SR 3mg/ml _____ ml SC Time _____
 DKB _____ Time _____ Antisedan mL _____ Time _____
 TKX _____ ml IM/IV Time _____
 Rimadyl 50mg/ml _____ ml SC Metacam 5mg/ml _____ ml SC Convenia 80 mg/ml _____ ml SC
 Atropine _____ ml SC/IM/IV _____ Time _____ Yohimbine 2 mg/ml _____ ml SC/IM/IV Time _____
 Testicular Block _____
 SPAY _____ PREG / IN HEAT NEUTER _____ CRYPTORCHID _____ L/R testicle in scrotum L/R testicle in ing/abd HERNIA ing/abd
 Suture: 0.3 0.2 0.0
 Nail Trim _____ E-Collar Size _____ Capstar 11.4/57 mg PO/PR
 Praziquantel 56.8mg/ml _____ SC Ivermectin 1% _____ ml PO/SC For ear mites: Repeat Ivermectin in 2 weeks PO
 Cephalexin 250/500 mg # _____ : _____ cap(s) PO q 8/12 hrs Acepromazine 10/25 mg # _____ : _____ tab(s) PO q8/12 hrs
 Rimadyl 25/75/100 mg # _____ : _____ tab(s) PO q 12/24 hrs Tramadol 50 mg # _____ : _____ tab(s) PO q 8/12 hrs
 Strongid 50mg/ml # _____ ml: _____ ml PO on ____/____/____ & ____/____/____
 Comments _____

Post-Operative Instructions

Operation:SNIP Inc.

13489 Walsingham Rd.

Largo, Florida

727-595-1983

operationsnipfl@gmail.com

POST-OPERATIVE INSTRUCTIONS

1. No running, jumping, playing, swimming, or other strenuous activity for 7 to 10 days. Keep your pet quiet. Pets must be kept indoors where they can stay clean, dry, and warm. No baths during the recovery period. Dogs must be walked on a leash.
2. Check the incision site twice daily. There should be no drainage. Redness and swelling should be minimal. Do not allow your pet to lick or chew at the incision. If this occurs, an Elizabethan collar **MUST** be applied to prevent additional licking and chewing that could cause infection.
3. If your dog had a scrotal castration, they may have small amounts of drainage/discharge for up to three days.
4. Appetite should return gradually within 24 hours of surgery. Lethargy lasting for more than 24 hours post-op, diarrhea, or vomiting are not normal and your pet should be taken to your regular veterinarian. Dogs may have a slight cough for a few days after surgery.
5. Do not change your pet's diet at this time, and do not give them junk food, table scraps, milk, or any other *people food* during the recovery period. This could mask post-surgical complications.
6. Operation:SNIP uses a buried absorbable suture, unless otherwise noted, your pet also received a green tattoo near the incision site, this is done to easily detect that the animal has been sterilized.
7. Operation:SNIP will treat at our clinic, at minimal cost, any post-op complications resulting directly from the surgery, if the above post-op instructions are followed in full. Your regular veterinarian must address illnesses or injuries that are not a direct result of surgery. Please call for an appointment as soon as you see cause for concern. We cannot be held responsible for complications resulting from failure to follow post-op instructions, or for contagious diseases for which the animal was not previously properly vaccinated.
8. If there are any questions or concerns directly related to the surgery during the recovery period, please call this office at 727-595-1983. **If there is an emergency after hours, contact either your regular veterinarian or Tampa Bay Veterinary Specialist and Emergency Care Center at 1501 S Belcher Rd. Largo, Florida 33771 call 727-531-5752.**
9. Pain Medication was given to your pet at the time of surgery, please follow any further instructions if pain medication is sent home for your pet.

NEXT APPOINTMENT: Please bring your pet on _____

Your pet will need the following vaccine or booster:

Canine

Canine Distemper/Parvo Rabies 1 YR or 3 YR Bordetella Leptospirosis Influenza

Feline

Feline Distemper Rabies 1 YR or 3 YR Feline Leukemia

Booster vaccines will need to be done 3-4 weeks after initial vaccine.

Please SCHEDULE an appointment during our wellness hours.

Tuesdays 1 pm - 3 pm

Fridays 8 am - 12 pm