

## OPERATION:SNIP SPAY/NEUTER SURGERY CONSENT FORM

Owner's Name		Date of Surgery	
Street Address		City	State      Zip
Cell / Home Phone	Email	Emergency Contact ( Name and Phone Number)	

Pet's Name	Species / Sex	Age	Primary / Secondary Color
Breed		How long have you owned this pet?	
Where does this pet live? <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both		Was this pet (select one) <input type="checkbox"/> Rescued <input type="checkbox"/> Adopted <input type="checkbox"/> Purchased <input type="checkbox"/> Community Cat	
Last Heat Cycle (FEMALE DOG/CAT)		Has this pet ever had a litter? <input type="checkbox"/> No <input type="checkbox"/> Yes, How old?	

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PET	Yes	No
Has any veterinarian ever advised you of this pet having a heart murmur, liver and/or kidney problem?	<input type="checkbox"/>	<input type="checkbox"/>
Is this pet currently taking any medications? This includes supplements, heartworm prevention, flea prevention/treatment. IF YES, PLEASE LIST:	<input type="checkbox"/>	<input type="checkbox"/>
Is this pet allergic to any medications or ever had any adverse reactions? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>
Have your pet's eating and/or drinking habits changed in the last 30 days? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>
Has this pet vomited, had diarrhea, been coughing, runny eyes or sneezing in the last week? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>
<b>IF WE ARE UNABLE</b> to perform a pre-surgical exam on your pet due to behavior, may we proceed with surgery?	<input type="checkbox"/>	<input type="checkbox"/>

**Please carefully read, and ensure you understand the following:**

- 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 this form.
- I understand that the operation I have elected presents some hazards, and that injury to and post-operative infection in, or death of, the animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as any vaccines used. I understand that general anesthesia will be administered to the animal for surgery. I understand and accept these risks to the animal
- I understand I must bring proof of a current rabies vaccination or Operation:SNIP will vaccinate against rabies at an additional charge.
- I understand all dogs 6 months of age or older must provide proof of a negative heartworm test within the last year or Operation:SNIP will perform the heartworm test for an additional charge of \$20. If your pet is heartworm positive, your pet will be declined for surgery.
- I understand if my female dog/cat is pregnant, the pregnancy will be terminated at the time of surgery an at an additional charge \$20 (cats) and \$50 (dogs).
- I understand that if my animal has an umbilical hernia it will be repaired at the time of surgery at an additional charge of \$20 (cats) and \$40 (dogs).
- I understand that if my animal is cryptorchid (retained testicle) there will be an additional charge of \$30 (cats) and \$50 (dogs) per testicle.
- FEMALE DOGS – I certify that my female dog is not in heat and has been over her last heat cycle for at least two weeks. I understand 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 understand if my animal has fleas there will be an additional fee of \$ 16 Revolution (cats) and \$20 Credelio (dogs).
- I acknowledge that I have received the Post-Surgical Home Care Instructions and will provide proper post-surgery monitoring and care for the animal including, but not limited to, the Instructions.

<b>CONSENT</b>	<b>By signing, I acknowledge that I have read, understood and agree to all the terms listed above and on the reserve sides and confirm that all the information given on this form is correct.</b>		
	Owner Signature _____	Date _____	INITIAL _____ PICKUP 3- 4 PM

**VETERINARY STAFF USE ONLY** Animal Name \_\_\_\_\_ Last Name \_\_\_\_\_ Weight: \_\_\_\_\_

Species \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ year(s) \_\_\_\_\_ month(s) Color \_\_\_\_\_

**RABIES TAG #**

**MICROCHIP #**

ADDITIONAL SERVICES	<u>Additional Feline Services</u>	<u>Additional Canine Services</u>	<u>Heartworm/Flea Prevention</u>																								
	<input type="checkbox"/> Rabies Vaccine <b>1 yr or 3 yr</b> \$15 <input type="checkbox"/> Pinellas County License- 1 yr \$20 <input type="checkbox"/> Pinellas County License- 3 yr \$40 <input type="checkbox"/> Feline Distemper Vaccine \$15 <input type="checkbox"/> Feline Distemper Vaccine 3yr \$20 <input type="checkbox"/> Feline Leukemia Vaccine \$15 <input type="checkbox"/> FeLV/FIV Combo Test \$25 <input type="checkbox"/> Microchip with registration \$20 <input type="checkbox"/> Fecal \$10 <input type="checkbox"/> Hook/roundworm treatment \$10 <input type="checkbox"/> Profender for cats \$25 <input type="checkbox"/> Ear cleaning \$10 <input type="checkbox"/> Free Nail Trim	<input type="checkbox"/> Rabies Vaccine <b>1 yr or 3 yr</b> \$15 <input type="checkbox"/> Pinellas County License-1 yr \$20 <input type="checkbox"/> Pinellas County License-3 yr \$40 <input type="checkbox"/> Canine Distemper/Parvo Vaccine \$15 <input type="checkbox"/> Canine Distemper/Parvo Vaccine 3yr \$20 <input type="checkbox"/> Bordetella (Kennel Cough vaccine) \$15 <input type="checkbox"/> Canine Influenza \$20 <input type="checkbox"/> Leptospirosis \$20 <input type="checkbox"/> Heartworm Test \$20 <input type="checkbox"/> Microchip with registration \$20 <input type="checkbox"/> Fecal \$10 <input type="checkbox"/> Hook/roundworm treatment \$10 <input type="checkbox"/> Tapeworm treatment \$15+ <input type="checkbox"/> Ear cleaning \$10 <input type="checkbox"/> Free Nail Trim	<table border="0"> <thead> <tr> <th style="text-align: left;">Canine</th> <th style="text-align: left;">Supply (Notify staff)</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Trifexis</td><td>1m/6m/12m</td></tr> <tr><td><input type="checkbox"/> Nexgard</td><td>1m/6m/12m</td></tr> <tr><td><input type="checkbox"/> Heartgard</td><td>1m/6m/12m</td></tr> <tr><td><input type="checkbox"/> Credelio</td><td>1m/6m/12m</td></tr> <tr><td><input type="checkbox"/> Interceptor Plus</td><td>1m/6m/12m</td></tr> <tr><td><input type="checkbox"/> Bravecto</td><td>3m/6m/12m</td></tr> <tr><td><input type="checkbox"/> Revolution</td><td>1m/6m/12m</td></tr> <tr><td colspan="2"><b>Feline</b></td></tr> <tr><td><input type="checkbox"/> Revolution</td><td>1m/6m/12m</td></tr> <tr><td><input type="checkbox"/> Cheristin</td><td>1m/6m/12m</td></tr> <tr><td><input type="checkbox"/> Bravecto</td><td>3m/6m/12m</td></tr> </tbody> </table>		Canine	Supply (Notify staff)	<input type="checkbox"/> Trifexis	1m/6m/12m	<input type="checkbox"/> Nexgard	1m/6m/12m	<input type="checkbox"/> Heartgard	1m/6m/12m	<input type="checkbox"/> Credelio	1m/6m/12m	<input type="checkbox"/> Interceptor Plus	1m/6m/12m	<input type="checkbox"/> Bravecto	3m/6m/12m	<input type="checkbox"/> Revolution	1m/6m/12m	<b>Feline</b>		<input type="checkbox"/> Revolution	1m/6m/12m	<input type="checkbox"/> Cheristin	1m/6m/12m	<input type="checkbox"/> Bravecto
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**VETERINARY STAFF USE ONLY**

**BCS:** \_\_\_\_\_ **PE:** QAR/BAR \_\_\_\_\_ **T** \_\_\_\_\_ **P** \_\_\_\_\_ **R** \_\_\_\_\_ **MM/CRT** \_\_\_\_\_ **DERM NSF/AB**  
**EENT** NSF/Ab **ORAL** NSF/Ab **PLN** NSF/Ab **ABD** NSF/Ab **CV** NSF/Ab **RESP** NSF/Ab **NERV** NSF/Ab **M/S** NSF/Ab

**Surgery**

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 \_\_\_\_\_  
Carprofen 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: 0.4 0.3 0.2 0.0 E Collar size \_\_\_\_\_  
Capstar 11.4/57 mg PO/PR Praziquantel 56.8mg/ml \_\_\_\_\_ SC

**Medications to go home**

Cephalexin 250/500 mg # \_\_\_\_\_: \_\_\_\_\_ cap(s) PO q 8/12 hrs Acepromazine 10/25 mg # \_\_\_\_\_: \_\_\_\_\_ tab(s) PO q8/12 hrs  
Carprofen 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ & \_\_\_\_/\_\_\_\_/\_\_\_\_ Panacur 100mg/ ml \_\_\_\_\_ mls PO starting on \_\_\_\_ for 3 days repeat 3 weeks

**Additional findings**

Diarrhea/Loose stool Fecal + - Hookworms Roundworms Whipworms Coccidia  
Live Fleas Severe flea infestation Flea dirt Revolution applied/ to go home Capstar  
Tapeworms Profender applied/ to go home Praziquantel Inj  
Ear cytology + - Ear mites Ear Cleaning Ear infection Ear medication applied / to go home

Comments \_\_\_\_\_

# SPAY/NEUTER SURGERY AND PREVENTATIVE CARE WAIVER AND RELEASE

I am over the age of 18 and the lawful owner (or the owner's authorized representative) of the animal described on the front of this form. I am delivering this animal to Operation:SNIP for certain medical treatment as follows:

I agree to be bound by the following terms and conditions:

**1. Authorization for Procedure.** To the best of my knowledge, my animal is in good health and is able to undergo the medical procedure. I understand for sterilization at Operation: SNIP my pets must be between the age of 3 months and over 3 pounds and must be no older than 6 years of age and under 100 pounds. I hereby authorize Operation:SNIP to receive, treat, prescribe, transport, care for and house my animal and to perform such anesthetic, medical, surgical and therapeutic procedures as indicated above.

For TNVR (Trap Neuter Vaccinate Return) cats: I have taken precautions not to present an owned or previously altered cat. I understand I am liable for the consequences of ear-tipping an owned cat and/or exploratory surgery our vet deems necessary to confirm if the cat is already altered. I certify that, to the best of my knowledge these cat(s) have neither bit nor scratched anyone in the past 10 days. I understand that if any cat I present bites or scratches anyone while in the care of Operation:SNIP, it will be reported to Pinellas County and the cat will be transferred to PCAS for quarantine.

**2. Acknowledgement of Risks.** I understand that, as with any instance in which my animal is outside the home, my animal may be exposed to other animals that have not been appropriately vaccinated or that have been exposed to contagions and illnesses. 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 also understand that local and/or general anesthesia will be administered to my animal and a medical procedure will be performed on my animal; this involves uncertainty and risks to my animal. I understand and acknowledge this information and I assume all risks associated with the anesthesia and medical procedure, including any adverse effects, illness or death of my animal. If my animal is receiving a spay/neuter procedure, I understand that the animal may receive a small tattoo on his/her underside to show that it has been sterilized. I understand that a brief pre-surgical exam (or visual exam of fractious animals) will be performed, and I also understand that the attending veterinarian performing the medical procedure has the right to decline to perform any procedure on any animal for any reason. I understand that if at the 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 the animal will be declined for surgery. I understand the animal will not receive pre-operative bloodwork. If I choose for the animal to have such bloodwork done, I understand it must be performed at a full-service veterinary clinic. If, in the course of treatment or during the procedure, the animal is found to be pregnant, the pregnancy will automatically be terminated. 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. If any other condition is discovered that requires medical attention or an additional procedure(s), we will call the owner or authorized representative at the phone listed on this form. If we are unable to reach the owner or authorized representative in a timely manner, the attending veterinarian may in his/her absolute and sole discretion, perform such procedure(s) without seeking additional authorization or consent from the owner or authorized representative. I consent to any such additional procedure(s) and agree to take full responsibility, financial and otherwise, if the animal becomes ill.

**3. Post-Procedure.** I agree to contact Operation:SNIP with any questions that arise following the medical procedure about my animal's health related to the medical procedure. If I suspect that the animal has a postoperative complication caused directly by the procedure, I agree to follow the Post-Surgical Home Care Instructions or any other instructions received by me from Operation: SNIP.

**4. Animal Pickup.** I understand that all animals shall be picked up from the clinic by me, or by someone authorized on my behalf, at the time designated by the clinic staff, on the same day as spay/neuter procedures or vaccinations are performed. If my animal is not picked up at the designated time on that day, I understand that Operation: SNIP shall have no obligation to wait for or contact me, and that my animal may be considered to be abandoned by me. Operation:SNIP will consider the pet(s) abandoned and Operation:SNIP will turn the pet(s) over to Pinellas County Animal Services. I understand that Operation:SNIP microchip scans all pets, if the pet is found to have a microchip it is my responsibility to contact the previous owner.

**5. General Release and Waiver.** I understand that Operation:SNIP will rely on my representations made in this agreement. I know that this is a legal document and I promise that to the best of my knowledge everything that I have said is true. No one has forced me to sign this document. I am willing to sign this waiver and release agreement because Operation:SNIP will provide the spay, neuter or vaccination as I requested, and I am consenting to the medical procedures being performed on the animals and all related activities of any kind and acknowledge that I understand that all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance. On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless, Operation:SNIP and its directors, officers, employees, volunteers and agents from any claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with the medical procedure performed on the animals and all related activities of any kind including without limitation other treatment and care given to the animals or the housing of the animals. By signing this Waiver and Release Agreement, I am consenting to the medical procedures being performed on my animal and all related activities of any kind and acknowledge that I understand that all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance.

I also understand and agree to permit Operation:SNIP to use my name and pictures of me and/or my animal for publicity or promotional purposes without liability or obligation to me.