

SNiP

SPAY AND NEUTER IMMEDIATELY, PLEASE!

501 Front St., Norfolk, VA 23510 • 757-622-7382, option 3

PLEASE COMPLETE BACK 

PLEASE COMPLETE ONE FORM FOR EACH ANIMAL.

ORIGINAL MEDICAL RECORD

Animal's name _____ Today's date _____

Client's last name _____ Client's first name _____

Address _____

City _____ State _____ Zip _____

Tel. (home/cell) _____ Tel. (work) _____

Breed _____ Species (cat/dog/rabbit) _____ Sex (female/male) _____

Color/Markings _____ Age _____

CONSENT FOR SURGICAL STERILIZATION

I, being of legal age and responsible for the animal described above, have the authority to grant SNIP (SPAY AND NEUTER IMMEDIATELY, PLEASE!) and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat, and/or perform sterilization surgery on the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals and that reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that SNIP, its staff, its volunteers, and its agents will not be held liable or responsible in any manner and that I assume all risks.

If, in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as a hernia repair or the administration of intravenous fluids, the attending veterinarian may, in his or her absolute discretion, perform such a procedure. I consent to these procedures and agree to pay reasonable additional charges, if any.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

I also understand that all animals must be picked up from the clinic at the time designated by clinic staff on the day of surgery. If I do not claim the animal, I understand that after 24 hours, the animal will be considered abandoned and the animal will be disposed of in accordance with policies established by SNIP. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs, including boarding expenses.

Note: For aggressive dogs and feral cats, only basic exams—which include checking for eye and nose discharge and looking at animals' general body condition—will be conducted. Temperature, pulse, and respiration will not be taken prior to surgery.

Signature

Date

CLINIC USE

Atropine _____ Acepromazine Butorphanol _____ Ketamine _____ Diazepam _____ Propofol _____

Ketofen _____ Other _____ Meds/Comments _____

Weight _____ Metacam (5 mg/ml) _____ Metacam (1.5 mg/ml) _____

Tag No. _____ Veterinarian _____

SURGERY

Spay (Female)
Neuter (Male)
Feral

SERVICES BEING REQUESTED TODAY

VACCINATIONS

Rabies / (Cat/Dog)
DHPP / (Dog)
FVRCP C / (Cat)
Bordetella / (Dog)
FeLV / (Cat)

OTHER SERVICES

Microchip
1-Month Flea Prev.
6-Month Flea Prev.
6-Month HW Prev.
Heartworm Test
FeLV/FIV Test
Eartips
Nail Trim
Dewormer—Strongid
Dewormer—Droncit
Earmites
In Heat/Pregnant
Other

PATIENT INFORMATION

Animal's name _____ Human's name _____

1. When was the last time your animal had any food or water? _____

2. Within the last two weeks, has your animal displayed any of the following:

Sneezing _____ Coughing _____ Vomiting _____ Diarrhea _____ If so, when? _____

3. Has your animal ever had a seizure? Yes _____ No _____ If yes, please explain: _____

4. If your animal is female, when was her last heat cycle? _____

(Surgery is more difficult to perform on animals who are in heat. Please be aware of increased risk during surgery.)

5. Is your animal pregnant? Yes _____ No _____ Maybe _____

6. Within the last 6 months, has your animal given birth? Yes _____ No _____ If yes, when? _____

7. Within the last two weeks, have you been aware of any change in your animal's:

Level of activity _____ Appetite _____ Water consumption _____

8. Does your animal have a history of:

Health problems _____ Injury _____ (such as being hit by a car or attacked by another animal)

If yes, please describe: _____

9. Has your animal had surgery before? Yes _____ No _____ If yes, please explain: _____

10. Does your animal have any known reactions to vaccinations, drugs, or medications? Yes _____ No _____

If yes, please explain: _____

11. Please list any medication(s) that your animal has taken in the past month and why:

12. In the past 10 days, has your animal been treated for fleas/ticks or mange (dip, spray, powder)?

Yes _____ No _____ If yes, what product was used? _____

13. How long have you had this animal? _____

14. Is there any chance that the animal is already spayed/neutered? Yes _____ No _____

The following three questions are not required in order to receive services today:

15. Is your animal currently on heartworm preventive? Yes _____ No _____ If yes, what kind? _____

16. When was his/her last heartworm test? _____

17. When was this animal's last rabies vaccination? _____

18. Has this animal bitten anyone in the last 10 days? Yes _____ No _____

We strongly recommend that you visit your veterinarian so that your animal can have a thorough exam, to discuss your animal's care, and to have any recommended testing performed. Our medical staff will make every attempt to examine each animal before surgery, but the noisy environment inside the clinic may limit our ability to listen to your animal's heart and lungs. Also, for clinic staff safety, we often must sedate without an exam aggressive animals or animals not up-to-date on their rabies vaccinations. By signing this form, you are acknowledging that you 1) have previously had your animal examined at a full-service veterinary clinic and had all recommended pre-op testing and vaccinations performed or 2) are waiving the right to do so and acknowledge that your animal may be at increased risk for contracting airborne disease or sedated with only a partial exam or no exam at all.

Signature _____ Date _____