

NORFOLK SPCA PATIENT INFORMATION FORM

Client's Name: _____ Patient's Name: _____

Phone number we can reach you on surgery day: _____

1. Where did you get your pet? _____ How long have you owned your pet? _____

*** Is it possible he/she is already spayed or neutered? _____

2. Has your animal had surgery before? No Yes , Please explain _____

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

4. Has your animal ever had a seizure? No Yes , explain _____

5. In heat dogs and cats have a greater tendency to bleed and may pose an extra surgical risk.
If your animal is a female, when was the last time she was in heat? _____

6. Pregnant animals are at greater risk for surgical complications. If we discover a pregnancy during a spay surgery, the animal will be spayed causing the termination of the pregnancy.
Is your animal pregnant? Yes No Maybe

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

8. Within the last two weeks, are you aware of any change in your animals: Level of activity Appetite
Water consumption None

9. Within the last two weeks has your animal displayed any of the following? Sneezing Coughing
Diarrhea Vomiting None

10. Are you aware of your animal having a history of: Health Problems Injury (such as hit by a car or attacked by another animal) Please explain: _____

11. When was the last time your animal was vaccinated? _____

12. Are there any know reactions to vaccinations, drugs, anesthesia or medications? No Yes , If yes explain _____

13. Please list any medication, other than flea/tick/heartworm prevention, your animal has taken in the past month and why? _____

14. In the past 10 days, has your animal been treated for fleas, ticks or mange (dip, spray or powder) No Yes
If yes, what products were used? _____

15. Is your animal currently on any heartworm preventative? No Yes , if yes what type _____

16. When was his/her last canine heartworm test or feline Leukemia test? _____

17. Where does this animal spend most of his/her time? Inside Outside

18. Has your animal bitten anyone in the last 20 days? No Yes , If yes, please explain _____

19. Is your animal aggressive/fearful of strangers? No Yes
If yes, please explain in detail: _____



NORFOLK SPCA CONSENT FOR SURGICAL STERILIZATION

Name (Last): _____ (First): _____

Street Address: _____

City: _____, VA Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Animal's Name: _____ Species: (please circle one) Feline Canine Sex: _____

Breed: _____ Color: _____ Age: _____

I, being of legal age and responsible for the animal described above, have the authority to grant the Norfolk SPCA and its staff members, volunteers, or agents my consent to receive transport, prescribe for, treat and /or perform sterilization surgery upon the animal named above. **I understand that payment is due in full when the animal is picked up. The Norfolk SPCA accepts cash, Visa, MasterCard, Discover and American Express (with valid I.D.) Absolutely no personal checks accepted.**

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

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids or other medication, the attending veterinarian may, in his/her absolute discretion, perform such treatment. I consent to these treatments and agree to pay reasonable additional charges.

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 facility at the time and day designated by staff. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be considered the property of the NSPCA. I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

I understand that the Norfolk SPCA does not operate a full service veterinary clinic, and that any follow-up care, whether or not it is related to the S/N surgery, will need to be done by my own veterinarian, at my own expense.

I also understand that the NSPCA recommends that all animals maintain a relationship with their regular veterinarian and have a full exam and any recommended testing performed on a regular basis (i.e. blood work, fecal exams, ect) before any surgery is performed. I understand that my animal will only be examined in an attempt to reveal any obvious reasons to post pone surgery, and that I will not necessarily be advised of any abnormal findings unrelated to surgery. I also understand that in some cases no exam may be performed at all before my animal is put under anesthesia, especially if my animal poses a risk to the clinic staff or has not been vaccinated for rabies. By signing this consent form, I am acknowledging that I have either consulted my regular veterinarian for a pre-surgical exam, or I am waiving my right to do so and accepting all risks involved.

Signature: _____ Date: _____

Virginia Disclosure Form

PLEASE READ CAREFULLY BEFORE SIGNING

Norfolk SPCA Spay/Neuter Clinic is not a full service veterinary medical facility.
We have business and medical staffing hours as follows:

Monday	8:00 AM – 4:30 PM
Tuesday	8:00 AM – 4:30 PM
Wednesday	8:00 AM – 4:00 PM
Thursday	8:00 AM – 4:30 PM
Friday	8:00 AM – 4:30 PM
Saturday	Closed
Sunday	Closed

We are also closed on all national holidays. Therefore, this is to inform you we have no IN-HOUSE continuous medical care staff here as follows:

Monday	4:30 PM – 8:00 AM (Tuesday)
Tuesday	4:30 PM – 8:00 AM (Wednesday)
Wednesday	4:30 PM – 8:00 AM (Thursday)
Thursday	4:30 PM – 8:00 AM (Friday)
Friday-Sunday	4:30 PM – 8:00 AM (Monday)

The Norfolk SPCA Veterinary Clinic is not equipped for handling critical care patients or patients requiring overnight care or observation. Our staff will gladly direct you to other Facilities in the area equipped for your pet's specific needs. Please discuss these options with the Veterinarian or Licensed Technician at the time of your visit or when dropping off your pet.

The Norfolk SPCA Veterinary Clinic is not staffed to accommodate overnight boarding of animals. All animals dropped off at the clinic for surgery or appointments/treatments must be picked up by 4:00PM the same day. **A \$30.00 late fee will be charged for any animal not picked up by this time.**

My signature below indicates I have read the disclosure form and am aware of the aforementioned staffing hours and conditions.

Signature _____ Date _____



5585 Sabre Rd
Norfolk, VA 23504

757.383.6620
www.norfolkspca.com

Norfolk SPCA Clinic

POST-OPERATIVE INSTRUCTIONS

1. Your pet has undergone general anesthesia and surgical sterilization. Should you have any questions, concerns or problems with your pet after you take him/her home, we will be happy to help you. Please call us here at the Norfolk SPCA Spay Neuter Clinic at 383-6620 during our normal business hours (9am to 4pm) to **schedule an appointment** to have him/her examined (based on availability).
2. If you have an after-hours, life-threatening emergency that requires immediate attention, please call the Tidewater Emergency Veterinary Hospital in Virginia Beach at 499-5463 or Greenbrier Emergency in Chesapeake at 366-9000. For any other questions you may have about you animal's health, or for emergencies not related to surgery, please contact your regular veterinarian or nearest emergency clinic.
3. **Anesthesia may cause stomach upset, a small amount of water and food can be offered in the late evening.** It is common for some animals to have a depressed appetite for 24 hours.
4. **Your pet must be kept indoors after surgery.** This will enable you to carefully observe recovery and will help prevent complications and possible death from exposure to outdoor extremes.
5. **Restrict your animal's activity for the next 14 days. DO NOT** allow any running, jumping or excessive playing as this may cause swelling around the incision or may possibly cause the stitches to open. Should either of these occur, contact the Norfolk SPCA immediately.
6. Check the surgical incision twice a day until healed looking for swelling, redness or discharge. If you see any of these signs contact the NSPCA. If it should become dirty - gently clean the area with a warm soft wash cloth.
7. **Monitor your pet closely for licking at the incision. Do not allow any licking at the incision.** Licking will cause the incision to swell, become infected or open. **We recommend an e-collar to prevent licking. Your pet should wear the e-collar at all times for 10-14 days.** If you expect your pet to lick at the incision please purchase an e-collar from your local pet store.
8. **DO NOT** allow your pet to get wet for 10-14 days - this includes bathing.
9. **DO NOT GIVE ASPIRIN OR TYLENOL TO DOGS AND CATS FOR PAIN RELIEF!** If you feel your pet is in pain, please call the NSPCA.
10. Your pet's sutures will dissolve as part of the natural healing process unless otherwise noted.

Signature: _____

Date: _____

Norfolk SPCA Public Medical Record

Service Requested:

Date: _____ Client: _____ Patient: _____

**Please remember that all Dogs are Required to be current on Rabies, Distemper and Heartworm test
Cats are required to be current on Rabies and Distemper**

DOGS:	CATS:
Canine Neuter - \$65.00 <small>(Additional charges over 50 pounds, cryptorchid procedures)</small>	Feline Male Neuter - \$40.00 <small>(Additional fees for cryptorchid procedures)</small>
Canine Spay - \$75.00 <small>(additional charges over 50 pounds, pregnancy, in heat or pyometra)</small>	Feline Female Spay - \$60.00 <small>(Additional charges for pregnancy, in heat or pyometra)</small>
Canine Disptemper/Parvo - \$18.00 <small>*Required for surgery</small>	Feline Leukemia - \$18.00
Canine Bordatella - \$17.00	Feline Distemper - \$18.00 <small>*Required for surgery</small>
Rabies - \$14.00 <small>*Required for surgery</small>	Rabies - \$14.00 <small>*Required fro surgery</small>
Canine Heartworm Test - \$18.00 <small>*Required for surgery (10mo. of age and older)</small>	FeLV/FIV/HW combo testing - \$20.00
Microchip - \$30.00 <small>(Includes initial registration)</small>	Microchip - \$30.00 <small>(Includes initial registration)</small>
Puppy De-Wormer - \$8.00	Kitten De-Wormer - \$8.00
Heartworm Preventative - Price Varies	Flea/Tick Preventative(Frontline) <small>Sold in 3 month quantities only - Price Varies</small>
Flea/Tick Preventative(Frontline) <small>Sold in 3 month quantities only - Price Varies</small>	Rabbit Spay/Neuter - \$65
Deciduous Extractions - \$10 per tooth	Feral Package - \$30 <small>(Spay/Neuter, Rabies, Ear Tip)</small>
Post Operative Pain Medication to go home for Dogs (please circle): <div style="display: flex; justify-content: space-around;"> <25 lbs \$5 26-50 lbs \$10 51-100 lbs \$15 >100lbs \$20 </div>	
<i>There will be additional charges for undescended testicles \$40-\$70, pregnant \$30-\$50, in heat or complexity (post whelping, overweight, mammary development) \$25, and pyometra \$50.</i>	

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - VETERINARY STAFF ONLY

Surgery - SPAY: Mature _____ Juvenile _____ In Heat _____ Pregnant _____ Pyometra _____ Other _____

Surgery - NEUTER: Mature _____ Juvenile _____ Cryptorchid _____ (Inguinal _____ or Abdominal _____) Other _____

Weight: _____

TESTING: Heartworm Test _____ Feline Leukemia/FIV Test _____

VACCINATIONS/MICROCHIP:

FVRCP: _____

Rabies: _____ 1yr 3yr
Tag # _____

Microchip: _____

DHPP/DHLPP: _____

Bordatella: _____

Deworm: _____

Veterinarian: _____ Date: _____

Clinic Location: 916 Ballentine Blvd. _____ 5585 Sabre Rd. _____