

SPAY NEUTER ACTION PROJECT
Surgery Consent/Notice and Release from Liability

Your Name _____ Animal's name _____
PLEASE PRINT LEGIBLY

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

I UNDERSTAND THAT MY ANIMAL IS GOING TO BE "FIXED" TODAY. (INITIAL) _____

PHOTO RELEASE: SNAP may use a photograph of my dog or cat on social media or in brochures. YES NO

SURGERY RELEASE: The spay/neuter surgery is performed under approved standards of practice in the veterinary profession. However, as with any medical procedure, complications or unexpected difficulties may arise during or after surgery. These complications may include bleeding, infection and in rare case, death. **Animals with certain pre-existing conditions including geriatric (senior) animals, and pregnant animals, may face a greater surgical risk. I understand that pre-surgical blood work or radiographs are not performed on my animal thus problems not identifiable through a pre-surgery examination could exist that might increase surgical risks.** I understand that by signing this form I voluntarily authorize SNAP or a veterinarian under contract with SNAP to spay or neuter my pet. I accept that surgical risks described herein and other unnamed risks are inherent with necessary pre-surgery medication, anesthesia and/or surgery. I further understand that refusal to perform surgery is at the sole discretion of the attending veterinarian. If, in course of treatment, a condition is discovered that may be corrected by an additional procedure (like hernia repair, abscess, laceration repair, tooth extraction) the attending veterinarian *may* perform such procedures in conjunction with the spay/neuter at the veterinarian's discretion. I pre-consent to these procedures when needed - at no extra cost. Permission is also granted for treatment of other detected conditions such as dirty ears, tapeworms, etc., at the discretion of the veterinary staff when appropriate medication is available - at no additional cost. (INITIAL) _____

When I drop off my pet for surgery, SNAP will notify me when to pick up my pet. I understand that it is VITAL to pick up my pet at the time specified as the clinic closes after the specified pick up time. If I am unable to pick up my pet at the time stated, I will make arrangements for someone else to pick up my pet. I understand that I will be responsible for any additional expenses incurred by SNAP to care for my pet if not picked up before the close of clinic. I agree to pick up my pet at the Neuter Scooter on the day of surgery at the time stated when checking in.

TODAY'S PICK UP TIME _____ INITIAL _____

I understand that I will receive post-surgical care instructions at pick-up. I assume full responsibility for providing post-surgical care for my pet. If post-operative instructions are NOT followed and my pet requires private veterinary care, I understand that SNAP will provide information assistance but NOT financial assistance. (INITIAL) _____

An E-collar (cone) is required for your female dog or cat to prevent self-trauma to the surgery site. One will be provided for your pet, at no charge. Post-operative care and treatment for any self-induced trauma to the surgery site, preventable by and E-collar is your responsibility. (INITIAL) _____

In consideration of being permitted to participate in SNAP's pet sterilization program, I hereby waive release and forever discharge for myself, my heirs, legal representatives, next of kin, assignees and successors any interest (collectively, Successors) any and all rights and claims for damages, injuries, expenses or costs of any kind (collectively, Claims) which I now have or may acquire in the future, which may or may not be directly or indirectly related to the spaying or neutering of my animal against SNAP, the officials, employees, agents, contractors and volunteers (collectively, Released Parties). The waived release and discharged Claims include, Claims arising from the Released Parties' alleged active or passive negligence. I agree for myself and my Successors that the above representations are contractually binding and that if I, or my Successors, assert a claim in contravention of this Agreement, the asserting party shall be liable for all expenses (including attorneys' fees and court costs) incurred by the party or parties to defend that claim, unless the other party or parties are finally adjudged to be liable on such claim for willful or wanton negligence. This Agreement may not be modified orally.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT THIS IS A RELEASE FROM LIABILITY AND A CONTRACT BETWEEN SNAP AND MYSELF. I SIGN IT OF FREE WILL.

Signature of Owner _____ Date _____

Witness (SNAP/Staff) _____ Date _____

Medical History

1. How long have you owned this animal? _____ years, _____ months
2. When was the last time your animal had any food? _____ Water? _____
3. Within the last two weeks, has your animal displayed any of the following? (circle all that apply)

Sneezing Coughing Vomiting Diarrhea No changes

4. Has your animal ever had a seizure? Yes _____ No _____ If yes, explain _____
5. Is your animal pregnant? Yes _____ No _____ Maybe _____
6. If your female pet is found to be pregnant, do you understand that the babies will not survive the surgery? **PLEASE INITIAL** _____
7. Has your animal given birth in the last two months? _____ If yes, when? _____
8. Within the last two weeks, are you aware of any changes in your animal? Yes _____ No _____
If yes, explain _____
9. Are you aware of your animal having a history of health problems, or injury (such as hit by car, attack by other animal)?
Yes _____ No _____ If yes, explain _____
10. Has your animal had surgery before? Yes _____ No _____ If yes, explain _____
11. List any medications your pet has taken in the last month (including heartworm and flea control) and why

Breed _____ Color _____ DOG CAT (circle one) Age ___ years, ___ months

SNAP highly recommends that all animals be current on their vaccinations.

Animal's name _____ Owner's last name _____

THIS SECTION FOR SNAP USE ONLY - MEDICAL RECORD: SPAY

Weight _____ lbs DOG CAT E-collar YES NO CAGE # _____

Rabies Vaccine YES NO Given by: _____ BI/Rabvac3/Lot # _____ Exp Date _____

S/O PE (Circle findings; explain if abnormal) Check if animal is too fractious for exam prior to AX

Heart/Circ: Normal Abnormal _____
Lungs/Resp: Normal Abnormal _____
MM/CRT: Normal Abnormal _____

Other findings: _____
Assessment: Patient was found to be a suitable candidate for surgery unless otherwise noted. PO (1.5mg/ml)

PM _____ ml Ket _____ ml Diaz _____ ml Bup _____ ml Melox _____ ml SQ (5mg/ml)

Bottle # _____ Bottle # _____ Bottle # _____ Bottle # _____ Other _____ / Bottle # _____

Veterinarian Initials _____ RVT initials _____

AX: Pre-med (PM) (butorphanol & acepromazine (10 mg/ml each) mixture administered SQ. Ketamine (Ket) (100 mg/ml) and Diazepam (Diaz) (5mg/ml) mixed and given IV for induction.

Alternate AX: Butorphanol/acepromazine/ketamine (KAT) mixture administered IM.

Patients intubated (dogs) or placed on mask (cats) and maintained on isoflurane/oxygen.

Buprenorphine SR (Bup) (3mg/ml) given SQ, and Meloxicam (Melox) given for pain as noted

SX: Ventral midline incision, ligated ovarian and uterine pedicles, closed linea, subcuticular sutures (simple/continuous/mattress).

Suture: MSA (polydioxanone synthetic absorbable) unless otherwise noted below, tissue adhesive.

Suture size - internal (circle one) 3-0 2-0 0 Other suture used/size: _____

Suture size - external (circle one) 3-0 2-0 0 Other suture used/size: _____

Add procedure(s): _____

Pregnant # of fetuses _____ # of weeks _____ Fluids Amount _____ ml SQ

Notes: _____

Plan: _____

Veterinarian signature _____ Animal ID # _____

SPAY