

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

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

**STUDY RELEASE:** SNAP may use discarded tissue for pet health study with partner organization (Gallant) 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) \_\_\_\_\_

I understand that my pet will receive a small permanent green ink line near the incision to indicate that she/he has undergone sexual sterilization surgery. (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 if I am more than 20 minutes late for my scheduled pick up time there will be a **\$40 penalty fee** paid in cash when I do arrive. I agree to pick up my pet at the Neuter Scooter on the day of surgery at the time stated when checking in. (INITIAL) \_\_\_\_\_

**TODAY'S PICK UP TIME:** \_\_\_\_\_ (INITIAL) \_\_\_\_\_ **NOTE: In order to keep costs low, being on time is important.**

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 male dog to prevent self-trauma to the surgery site, we will provide it at no charge. In our experience, **male cats do not typically bother with their incision sites, however, if you feel your cat might, you can purchase an e-collar (\$5) to place on your cat once at home.** 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. Within the last two weeks, are you aware of any changes in your animal? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_
6. Are you aware of your animal having a history of health problems, or injury (such as hit by car, attack by another animal)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_
7. Has your animal had surgery before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_
8. 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 \_\_\_\_\_

Do not write below this line. **THIS SECTION FOR SNAP USE ONLY – MEDICAL RECORD: NEUTER** Do not write below this line.

Weight \_\_\_\_\_ lbs DOG CAT E-collar: YES NO Microchip: YES NO FVRCP/DHPP CAGE # \_\_\_\_\_

Rabies Vaccine YES \_\_\_\_\_ NO \_\_\_\_\_ Given by: \_\_\_\_\_ BI/Rabvac3/Lot # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Initial Initial

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.

PM \_\_\_\_\_ ml Ket \_\_\_\_\_ ml Mid \_\_\_\_\_ ml Bup \_\_\_\_\_ ml Meloxicam \_\_\_\_\_ ml

Bottle # \_\_\_\_\_ Bottle # \_\_\_\_\_ Bottle # \_\_\_\_\_ Bottle # \_\_\_\_\_ Meds to go home: Carprofen \_\_\_\_\_

LRS Amount \_\_\_\_\_ ml SQ DKMT: DEX \_\_\_\_\_ ml TORB \_\_\_\_\_ ml Btl # \_\_\_\_\_

DVM Initials \_\_\_\_\_ RVT initials \_\_\_\_\_

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

Alternate AX: Dexmedetomidine/Ketamine/Butorphanol (DKT) mixture administered IM.

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

Buprenorphine SR (Bup) (3mg/ml), given SQ and/or Meloxicam (Melox) (1.5 mg/ml) given PO, for pain as noted.

Dogs >5 lb receive Carprofen 2 mg/lb PO SID x 2 days post op. Prescription consultation was provided if Carprofen was dispensed.

**SX:** CATS: Scrotal incisions, autoligated spermatic cords, no sutures.

DOGS: Prescrotal or scrotal incision, ligated or autoligated spermatic cords, subcuticular (simple/continuous/mattress).

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

Suture size - internal (circle one) 4-0 3-0 2-0 0 Other suture used/size: \_\_\_\_\_

Suture size - external (circle one) 4-0 3-0 2-0 0 Other suture used/size: \_\_\_\_\_

Additional procedure(s): \_\_\_\_\_

Notes: \_\_\_\_\_

Plan: \_\_\_\_\_

Veterinarian signature \_\_\_\_\_ Animal ID # \_\_\_\_\_