

**SPAY NEUTER ACTION PROJECT**  
**Surgery Consent/Notice and Release from Liability SPAY (female) or NEUTER (male)**

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 "SURGICALLY STERILIZED" 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, 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 pet (not male cats) to prevent self-trauma to the surgery site. One will be provided for your pet, **at no charge.** In our experience, male cats do not typically bother with their incision sites (*because male cats do not require surgical glue on outer skin layer*), however, if you feel your cat might chew, 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 an 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 may 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. Has your **female** animal given birth in the last two months? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ (MALE) **If yes, when?** \_\_\_\_\_
4. Is your **female** animal pregnant now? Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_ N/A \_\_\_\_\_ (MALE)  
If your female animal is found to be pregnant, you understand that the babies will not survive the surgery. **(INITIAL)** \_\_\_\_\_
5. Within the last two weeks, are you aware of any changes in your animal like coughing, sneezing, vomiting, or diarrhea?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_
6. Are you aware of your animal having a history of health problems, injuries, or previous surgeries?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_
7. List any medications your pet has taken in the last month (including heartworm and flea control) and why:  
\_\_\_\_\_

DOG \_\_\_\_\_ CAT \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ years, \_\_\_\_\_ months

Animal's name \_\_\_\_\_ Owner's last name \_\_\_\_\_

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

Weight: \_\_\_\_\_ lbs **DOG** **CAT** Cage # \_\_\_\_\_

**E-collar:** YES NO **Microchip:** YES NO **FVRCP/DHPP:** YES NO **RABIES VAX:** YES NO

### Physical Exam:

Heart: Normal / Abnormal Lungs/Resp: Normal / Abnormal MM/CRT: Normal / Abnormal Fractious/No exam

Other findings: \_\_\_\_\_

**Assessment:** Patient was found to be a suitable candidate for surgery unless otherwise noted.

### Peri-operative Medications:

Pre-Med (PM): Butorphanol 10mg/ml + Acepromazine 10mg/ml (12.5:1) \_\_\_\_\_ ml SQ Bottle # PA

Induction: Ketamine 100mg / ml \_\_\_\_\_ ml IV Bottle # K

Midazolam 5mg / ml \_\_\_\_\_ ml IV Bottle # M

Post-op Pain: Buprenorphine ER 3mg/ml \_\_\_\_\_ ml SQ Bottle # B

Carprofen \_\_\_\_\_ mg \_\_\_\_\_ tab PO SID x 2 days. Prescription consultation provided.

NSAID: Meloxicam 1.5mg/ml \_\_\_\_\_ ml PO

Antibiotic: Penicillin 300K units/ml \_\_\_\_\_ ml SQ

Fractious Anesthesia: Dexmedetomidine 0.5mg/ml \_\_\_\_\_ ml IM Ketoprofen 100mg/ml \_\_\_\_\_ ml SQ

Butorphanol 10mg/ml \_\_\_\_\_ ml IM Bottle # \_\_\_\_\_

Misc: Atipamezole 5mg/ml \_\_\_\_\_ ml IM Praziquantel 56.8mg/ml \_\_\_\_\_ ml SQ Fipronil 9.8% \_\_\_\_\_ ml topical

Capstar 11.4mg \_\_\_\_\_ tab PO / Rectal Other: \_\_\_\_\_

Patients intubated and maintained on isoflurane/oxygen.

### Surgery:

**OVH:** Ventral midline incision, (ligated / autoligated) ovarian pedicles, ligated uterine base, closed linea (cruciate / continuous), closed subcuticular layer (purse string / continuous), closed derm layer with tissue adhesive.

**Castration:** Skin incision (scrotal / prescrotal), spermatic cords exteriorized, spermatic cords (ligated / autoligated), testicles excised and removed, intradermal layer closed with purse string pattern and derm layer closed with tissue adhesive (dogs only).

Suture (PDS) size: Pedicles / uterine base / spermatic cords: 4-0 3-0 2-0 0

Linea/ Intradermal / Dermal layers: 4-0 3-0 2-0 0

Pregnant # of fetuses \_\_\_\_\_ # of weeks \_\_\_\_\_  LRS Amount \_\_\_\_\_ ml SQ

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

Veterinarian signature \_\_\_\_\_ RVT initial \_\_\_\_\_ Animal ID # \_\_\_\_\_