



Spay & Neuter Medical Questionnaire & Consent

Owner/Foster Information		
Name:	Date:	
Address:		
City:	State:	Zip:
Phone:	Alternate:	Email:
(these numbers may be used in case of emergency)		

Pet Information	
Pets Name:	Dog / Cat
Age:	Male / Female
Color(s)	Breed:

Medical History
Please answer every question provided. If it does not apply please write N/A
When did your pet last eat?
If your pet is female, when was last heat cycle?
Has your pet had normal energy levels, urination/defecation, eating/drinking habits in last 30 days? YES / NO? If NO please explain _____
Has your pet had any of following symptoms within last 30 days? YES / NO (circle one if yes) Coughing, Sneezing, Vomiting, Diarrhea, Loss of appetite If yes or other please explain _____
Has your pet received ANY vaccinations at another facility? YES / NO If yes which ones and when _____
Is your pet on or received ANY medications in last 30 days? YES / NO If yes which ones _____
Is your pet on Flea/Tick and Heartworm preventative? YES / NO If NO would you like to purchase some today? YES / NO Do you want a FELV/FIV test done today (additional \$30.00)? YES / NO *THERE IS INCREASED RISKS IN SURGERY DUE TO FELV/FIV* If result is positive, we will contact you immediately by phone. If you are unreachable, please circle what you want us to do: CONTINUE SURGERY OR DO NOT DO SURGERY INITIAL _____

Signature _____ Date _____

Consent for Surgical Sterilization

I, being of legal age, acknowledge and agree that I am responsible for the animal described above. I further acknowledge and agree to grant SHS, its employees, volunteers or agents, my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon animal described above. **INITIAL** _____

I understand that responsible precautions are used to guard against injury, escape or loss of animals life. **I agree to assume all risks and will not hold SHS, its staff, volunteers nor agents liable or responsible in any manner.** **INITIAL** _____

If, in the course of treatment, a condition is discovered which requires medical attention or an additional procedure (such as, but not limited to a hernia repair, IV fluids), the attending veterinarian may, in his/her absolute discretion, perform such procedures, I consent to these procedures and agree that in the event surgical complications may occur, my pet may need to be transferred to another veterinary facility for care. **I understand that SHS is not responsible for expenses incurred at any outside veterinary facility, and that I assume full responsibility for these expenses.** **INITIAL** _____

SHS offers low-cost spay/neuter services, however, we perform a limited physical exam prior to surgery. I understand that neither SHS, its staff, volunteers, nor agents will be liable or responsible in any manner, and I assume all risks. **I understand that all anesthetic and surgical procedures have inherent risk, up to and including death.** **INITIAL** _____

If, in the event that a physical exam cannot safely be performed on my pet prior to surgery, **I understand that any contraindicated conditions will not be detected, I accept the risk of anesthetic complications including death, I authorize the attending veterinarian to proceed with surgery. I will not hold SHS, its staff, volunteers nor agents liable or responsible in any manner.** **INITIAL** _____

I understand that bloodwork testing will require an additional fee and if requested at the time of drop off, will require surgery to be postponed. **I have declined pre-operative bloodwork prior to surgery.** **INITIAL** _____ **ALREADY DONE** _____

SHS does not have clinic staff after hours, so animals brought into the clinic must be picked up at designated time; the same day surgery is performed. I understand and agree that if I fail to claim my pet at the designated time, I will pay additional occurred charges. **I further understand that unclaimed pets will be considered abandoned and may become property of SHS.** **INITIAL** _____

If, in the opinion of the attending veterinarian, the animal described 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 veterinarian may refuse to perform and procedure on any animal for any reason. Such refusal is at the sole discretion of the veterinarian.** **INITIAL** _____

If my pet has fleas at the time of surgery SHS will apply "Capstar" at an additional charge of \$5.00 **INITIAL** _____

If my pet is found to be pregnant or in heat there is an additional charge of \$40.00 **INITIAL** _____

If my pet has a skin infection at time of surgery SHS will give an antibiotic injection to help protect the incision site at an additional charge of \$25.00 **INITIAL** _____

I'm interested in purchasing an E-collar today YES / NO **INITIAL** _____

I understand that after reading and prior to signing this consent I can decline low-cost spay/neuter services and take my pet to a full service veterinary facility. **INITIAL** _____

Signature _____ Date _____

I have received post-surgical instructions _____