



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 Heartworm preventative requires a NEGATIVE heartworm test, do you want a test done today? YES / NO *THERE IS INCREASED RISKS IN SURGERY DUE TO HEARTWORM DISEASE* 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_____