

Client/Patient Info

Owner Name: Patient Name: Sex/Species/Weight: Age: Primary Color: Breed: Zipcode: Confirmed _____ Staff Int Amount Paid:\$ Certificate Code: Phone #: Appt Date: Email:	Please Complete Information Below: Owner Information: Street Address: _____ City: _____ State: _____ Zip code: _____ Email: _____ Driver's License #: _____ Phone#: Mobile: _____ Home: _____ Alt Pick up Person: Name: _____ Alt pick up Person Phone #: _____
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Please Complete Information Below:

What time did your pet last eat? _____AM _____PM Has your pet vomited or had diarrhea in the past 24 hours?
Pet's Primary Color: _____ YES NO
Does your pet have any pre-existing medical problems? YES NO If YES, please Explain: _____
Does your pet take any medications? YES NO If YES, please list medications: _____

Spay/Neuter Admission Medical Consent Form

Please read, initial, and sign the following statements below. All statements are a condition of service:

_____I understand that I have given consent for the veterinarians and directly supervised veterinary externs of the SAHS to perform the scheduled surgical procedure.

_____I understand that all reasonable care and precautions will be taken in performance of the procedures. I understand that with any medical procedure, there are inherent risks involved and I accept responsibility for those risks.

_____I understand that SAHS is not able to perform a complete physical work up before surgery is performed. Thus, I will not hold the staff of SAHS responsible for any unknown, undiscovered medical problems.

_____I understand that my pet may be exposed to infectious diseases and has an increased risk of developing disease if I have not had my pet properly vaccinated.

_____I understand that my pet will be vaccinated for rabies as per Texas Health and Safety Code Sec. 826.021 if no proof of vaccination is provided prior to surgery for an additional cost of \$12.50.

_____I understand that if my animal has fleas, they will be administered Capstar (a fast-acting flea medication that kills fleas within 30 minutes of administration) at my expense.

_____I understand that procedures requiring additional surgical time will require additional fees (pregnant, cryptorchid testicle, pyometra, deciduous tooth removal, unattached dewclaw removal). These fees apply to all clients, including recipients of free or reduced-cost surgeries.

_____I understand that if my animal is pregnant, the pregnancy will be terminated at time of surgery. I understand that there will be additional fees for this procedure, including recipients of free or reduced-cost surgeries.

_____I understand that the San Antonio Humane Society staff reserves the right to refuse service if they feel my pet is not of sound medical health and should not undergo anesthesia and/or surgery.

_____I understand that the San Antonio Humane Society recommends e-collars and exercise restriction for all surgical procedures.

I authorize the doctors and staff to perform any lifesaving procedure deemed necessary in the event of an emergency. "I further understand that the success of any lifesaving procedure is not guaranteed.

_____I understand that my pet will have a green tattoo mark placed on the surface of its skin to designate that he/she has been spayed/neutered. I understand that any cat designated as a feral cat will also have its ear "tipped".

_____ I understand that the San Antonio Humane Society will not refund any veterinary clinic or emergency vet clinic visits after my pet's surgery.

_____I hereby release San Antonio Humane Society and its employees and volunteers from all claims arising out of or connected with the performance of this procedure. I agree that I have not and will not claim any right of compensation from them, or file action due to such sterilization or any consequences related thereto. I certify that I have read and understand this document and assume full financial responsibility for all charges related to the above procedures.

_____I understand any pets picked up late (after 5pm) will incur a Late Pick Up Fee of \$45.00 per pet. Any pet left overnight will incur a Boarding Overnight Fee of \$75.00 per night per pet.

Signature of Owner or Owner's Agent

Today's Date

PATIENT NAME: _____

STAFF USE ONLY				
ANIMAL ID: _____				
ACTUAL WEIGHT: _____				
DOG:	A: _____	H/B: _____	T: _____	C: _____
CAT:	TTDEX: _____	M: _____	B: _____	A: _____

Services/Products

WHICH SERVICES/PRODUCTS CAN WE OFFER YOUR PET TODAY?

Surgery (Please Confirm)

Neuter (for males) **Spay** (for females)

Inguinal Crypt **Gravid**

Abdominal Crypt **Pyometra**

Capstar (24 hr flea medicine) *required if pet has fleas

Yes **\$5.50** No

Microchip *highly recommended

Yes **\$27.50** No

DOG

Wellness Pet Packages:

- Puppy Pkg:** DAPP + nail trim + dewormer + sample heartworm prevention + sample flea prevention **\$40.00**
- Puppy Booster Pkg:** DAPP + nail trim + dewormer **\$34.50** (must have had 1st vaccine at a SAHS Wellness Clinic)
- Basic Annual Dog Pkg:** DAPP + Rabies **\$31.50**
- Doggone Best Pkg:** DAPP/Rabies/Bordetella/Hw Test **\$65.00**

Additional Dog Services/Products

- Heartworm 4DX Test** (heartworms/3 tick borne diseases) **\$40.00**
- Heartworm Test** **\$23.00**
- DAPP** (distemper, hepatitis, flu, and parvo) **\$22.00**
- Bordetella** (prevents kennel cough) **\$13.50**
- Unattached dewclaw removal** (up to 2 paws) **\$29.50**
- Heartgard Plus** (oral heartworm medication)
- 0-25lbs: **\$6.00** 26-50lbs: **\$7.00** 51-100lbs: **\$8.50**
- Nexgard** (oral medication for adult fleas and ticks)
- 4-10lbs: **\$16.75** 10.1-24lbs: **\$17.00** 24.1-60lbs: **\$17.25**
- 60.1-121lbs: **\$17.75**
- Simparica Trio** (all in one monthly oral chewable for heartworms, fleas and ticks)
- 2-5lbs: **\$20.00** 5-11lbs: **\$20.50** 11-22lbs: **\$21.00** 22-44lbs: **\$21.50** 44-88lbs: **\$22.00** 88-132lbs: **\$22.50**

Rabies Vaccine *required if no proof of vaccine

- Needs today **\$12.50**
- Too Young (under 12 weeks)
- Current/Verified Staff Initials _____

Comfort

- Comfort Package (e-collar + pain medication) **\$16.50**
- E-collar only **\$11.00** Size: _____
- Pain Medication Only **\$11.00**

CAT

Wellness Pet Packages:

- Kitten Pkg:** FVRCP + nail trim + dewormer + sample heartworm prevention + sample flea prevention **\$40.00**
- Kitten Booster Pkg:** FVRCP + nail trim + dewormer (must have had 1st vaccine at a SAHS Wellness Clinic) **\$34.50**
- Basic Annual Cat Pkg:** FVRCP + Rabies **\$29.00**

Additional Cat Services/Products

- FVRCP** (prevents common respiratory disease) **\$19.00**
- FeLV/FIV combo test** (FIV and Feline leukemia test) **\$34.50**
- PHONE # TO CALL IF POSITIVE: _____
- Revolution** (topical medicine for fleas and heartworms)
- <5lbs: **\$12.75** 5.6-11lbs: **\$13.75** 11.1-22lbs: **\$14.00**
- CAT: Dewormer**
- Pyrantel** (roundworms/hookworms) <6mos: **\$5.50** >6mos: **\$11.00**
- Biwormer** (roundworms/hookworms/tapeworms) **\$11.00**
- DOG: Dewormer**
- Pyrantel** (roundworms/hookworms) <6mos: **\$5.50** >6mos: **\$11.00**
- Triwormer** (roundworm/hookworm/tapeworm/whipworm) **\$6.00/tab**
- Deciduous Teeth**
- 1 tooth: **\$6.50** 2-3 teeth: **\$17.00** 4+ teeth: **\$27.00**

For Staff Use:

HR: _____ RR: _____ CRT: _____ MM: _____	<input type="checkbox"/> Routine Spay <input type="checkbox"/> In Heat <input type="checkbox"/> Pyometra <input type="checkbox"/> Gravid <input type="checkbox"/> Postpartum
Auscultation of Heart/Lungs: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Approximate gestation/# of feti: _____
Dog: Torb/Ace/Telazol/Carprofen <input type="checkbox"/> Yes <input type="checkbox"/> Alternative	<input type="checkbox"/> Other:
Cat: Telazol/Torb/Dex/Metacam <input type="checkbox"/> Yes <input type="checkbox"/> Alternative	<input type="checkbox"/> Routine Neuter <input type="checkbox"/> Scrotal Ablation
Alternate Drug Protocol:	<input type="checkbox"/> Abdominal Crypt <input type="checkbox"/> Inguinal Crypt <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both
Veterinary Surgeon:	<input type="checkbox"/> Evidence of previous spay/neuter (describe):
<input type="checkbox"/> Dr. Hawkins <input type="checkbox"/> Dr. Hopes <input type="checkbox"/> Dr. Gilbert <input type="checkbox"/> Dr. Sutter <input type="checkbox"/> Extern:	Extra Procedures
Heartworm Test Results: Positive Negative	<input type="checkbox"/> Sedation/Anesthesia <input type="checkbox"/> Umbilical Hernia <input type="checkbox"/> Staples:
HW 4DX Results: HW Lym Erh Ana Negative	<input type="checkbox"/> Dewclaw Removal <input type="checkbox"/> Wound clip and clean <input type="checkbox"/> Euthanasia
FeLV: Positive Negative FIV: Positive Negative	

NOTES:

VAX STICKERS:



San Antonio Humane Society Post-Operative Instructions

___ Your pet may be unsteady or groggy, tonight. This is normal after anesthesia. Please restrict activity and **please do not leave your pet alone for the next 12-24 hours until the anesthesia wears off.** If you must leave them for a short period, we recommend confining them to a small room or crate.

___ Introduce food slowly. Offer only ¼ of your pet’s normal amount of food tonight. If no vomiting occurs after 1 hour, you may offer another ¼ serving. Please do not allow your pet to free feed after anesthesia, as this causes vomiting. You may resume normal feeding the next morning if no vomiting occurred.

___ A 24-hour dose of pain medication was given at the time of surgery. **WE STRONGLY RECOMMEND ALL PETS GET ADDITIONAL PAIN CONTROL.** DO NOT GIVE HUMAN PAIN MEDICATION: THESE ARE DEADLY TO PETS.

___ **NO BATHS OR SWIMMING for 10 days.** Moisture (from bathing or licking) will cause the sutures to dissolve and promote infection. Please keep the incision clean and dry.

___ **WE STRONGLY RECOMMEND ALL PETS WEAR AN E-COLLAR AFTER SURGERY!** The collar should extend 2 inches beyond your pet’s nose and be snug enough as to not slide off your pet’s head. If you purchase an e-collar from us, ask if you need help placing it on your pet. E-collars must be worn AT ALL TIMES without exception.

___ Strict rest is required for the next **10 days.** Dogs should be crated and only be taken out on a leash. Cats should be kept inside for a **MINIMUM of 3-5 days.** Feral cats are the **ONLY** exception to this rule and may be released the next day. Complications can occur (seromas, incision opening, swelling, bleeding) if your pet is **OVERLY ACTIVE.**

___ Monitor incision site daily for the next 10 days. AluSpray, a silver aerosol bandage, has been sprayed on the incision. If you see silver on your pets nose/face, or if the silver is missing from the incision, **THEY HAVE BEEN LICKING!** If you see more than a few drops of bright red blood, green or yellow discharge, or severe swelling or redness, please email the veterinarians. If this is the case, any additional care, procedures, or medications will be an additional charge.

___ Unless you are told otherwise, sutures are absorbable and do not need to be removed. If your pet has external sutures or staples, you will be informed and this will be noted in your paperwork. These can be removed 7-10 days from surgery. Please email the vets with a photo of the incision to schedule your removal.

___ A **PERMANENT GREEN TATTOO LINE** was placed on your pet’s skin near the incision, as per SAHS policy. It will be prominent for several days. This is a **PERMANENT** sign that your pet has been spayed/neutered, should he/she get lost. Feral cats receive a tattoo and have their left ear “tipped”.

___ One episode of vomiting or diarrhea can be normal after anesthesia. **Multiple episodes of vomit/diarrhea with or without blood are NOT normal and usually NOT caused by the anesthesia.** We recommend you see your **regular veterinarian or emergency clinic** (if after hours) for any severe episodes of vomiting and/or diarrhea. SAHS cannot treat these issues.

I hereby acknowledge that I have read and understand these post-operative instructions. I agree that any lack of adherence to these can result in complications and I hereby assume financial responsibility. I acknowledge that additional pain medication, e-collar, and strict rest have all been recommended and failure to comply may put my pet at risk. Failure to follow these instructions may result in a recheck exam fee, additional procedures, and additional medications.

Signature

Date

San Antonio Humane Society
Leeu Naylor Medical Building
4804 Fredericksburg Rd.
San Antonio, TX 78229

Brooks Spay/Neuter Clinic
8034 City Base landing
San Antonio, TX 78235

RECHECK INFO: Email concerns/photos to medical@sahumane.org. If you are told to come in, recheck hours are between 9 -1 at both locations. M-Friday and Saturday from 9-12 pm ***Please note this email is only monitored during routine business hours. Seek emergency care for your pet if you are concerned and it is outside of routine business hours. ***

Recommended ER clinic: Animal ER at 4315 Fredericksburg Rd | (210) 737-7380. We **DO NOT** refund any care provided outside



POST-OPERATIVE CONCERNS?

1. **Email our Medical Front Desk at medical@sahumane.org**
 - a. Please note this email is **only monitored during routine business hours**. If it is an emergency, please seek veterinary care immediately.
2. **Include a PHOTO of the incision**
3. **Answer the following questions**
 - a. When did your pet have surgery?
 - b. Has your pet been wearing an e-collar?
 - c. Has your pet been allowed to lick at the incision?
 - d. Has your pet been allowed to exercise since surgery?
 - e. Has your pet been eating/drinking/urinating/defecating normally?
 - f. Have you noticed discharge/bruising/swelling/bleeding from the incision?
 - g. Have you noticed that the incision is open?
4. **Our medical front desk staff will answer your email as soon as possible during REGULAR BUSINESS HOURS.**
 - a. If the medical front desk staff is unable to answer your email, they will forward it to a staff veterinarian who will contact you.
5. **If the veterinarian recommends you return for a recheck, please go to the facility the surgery was performed. Park in one of the numbered parking spots and call the listed phone number to notify staff of your presence (shelter) or remain in your vehicle (Brooks). An appointment is not required.**

SAHS Leeu Naylor Medical Building 4804 Fredericksburg Road San Antonio, TX 78229	Brooks Spay/Neuter Clinic 8034 City Base Landing San Antonio, Tx 78235
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RECHECK HOURS:

9:00 a.m. - 1:00 p.m. Monday - Friday

9:00 a.m. - 12:00 p.m. Saturday (expect wait due to wellness clinic)