

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/Bordatella/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: Hydro/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"/> 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: