



SPAY/NEUTER SURGERY CHECK-IN FORM

PATIENT INFORMATION

Patient Name

DOG CAT MALE FEMALE

Age Color

Breed

Zip Code

Staff Confirmed

OWNER INFORMATION

Owner Name

Street Address

City State

Email Address

Home Phone #

Cell Phone #

Has your pet had surgery before?

☐ YES ☐ NO If yes, please explain:

What time did your pet last eat?

_____ AM _____ PM

Has your pet vomited or had diarrhea
in the past 24 hours?

☐ YES ☐ NO

Does your pet have any
medical problems?

☐ YES ☐ NO If yes, please explain:

Does your pet take any medications?

☐ YES ☐ NO If yes, please list:

Is your pet pregnant or could
possibly be pregnant?

☐ YES ☐ NO

OWNER'S AGENT INFORMATION

Owner's Agent Name

Owner's Agent Phone #

**** PLEASE FILL OUT ALL OF THE INFORMATION ABOVE! ****

IF WE CANNOT REACH YOU FOR QUESTIONS
OR CONCERNS, THE VET MAY ELECT TO
NOT PERFORM THE SURGERY.

STAFF USE ONLY

SPAY/NEUTER ADMISSION MEDICAL CONSENT FORM

****PLEASE READ, INITIAL EACH LINE, AND SIGN****

- _____ 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 the operation I have elected presents some hazards, and that injury to, post-operative infection in, or death of, the animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as in any vaccines used. I understand that the general anesthesia will be administered to the animal for surgery. I understand and accept these risks to the animal.
- _____ I understand that a pre-surgical exam will be performed on the animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the animal has already been anesthetized. I understand that the animal will not receive pre-operative blood work at the SAHS. If I choose to run such blood work, I understand that it must be performed at a full-service veterinary clinic.
- _____ I understand the inherent risks of failing to maintain current vaccinations and that no vaccination is always 100% protective. I waive all claims arising out of, or connected with, any illnesses contracted post-surgery including, but not limited to kennel cough or other upper respiratory infections and am responsible for treatment at my own cost.
- _____ I understand I must provide a Rabies certificate by 9 am on the day of my pet's surgery. If a rabies certificate is not provided and the pet is >3 months of age, a rabies vaccination will be administered as per Texas Health and Safety Code Sec. 826.021. This vaccine will be at an additional cost to surgery.
- _____ I understand that if my animal has fleas, it will be administered Capstar (a fast-acting flea medication that kills fleas within 30 minutes of administration) at my expense.
- _____ If more than one tick is present on my pet during the pre-surgical examination, a negative 4Dx test and the purchase of one month of Nexgard are required to proceed with surgery. The owner is responsible for the cost of the test and the prevention. The surgery will not be performed if the 4Dx test is positive for Anaplasma, Ehrlichia, or Lyme Disease. To be eligible for rescheduling, proof of completed treatment for the tick-borne disease is required, or the negative results from a 4Dx test performed offsite. If your pet has a long hair coat and ticks are not noticed until after premedication/induction, there will be an additional sedation charge if the surgery is not performed. This new policy protects for pet from elective procedures if they have a potential tick-borne disease that can increase the risk of bleeding.
- _____ I understand that if my male dog has long hair, the underside of the tail will be shaved to help prevent complications.
- _____ I understand that procedures requiring additional surgical time will incur additional fees (pregnant, cryptorchid, pyometra, obesity, previous abdominal surgeries, 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 the time of surgery. I understand that there will be additional fees for this procedure. These fees apply to all clients, including recipients of free or reduced-cost surgeries.
- _____ I understand that the SAHS and/or any SAHS party has the right to refuse any service and/or procedure to any animal for any reason. Including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.
- _____ I understand that if my pet is deemed unsafe to handle and the surgery technician cannot perform a pre-operative exam—including, but not limited to, checking temperature, heart auscultation, and respiratory rate—my pet's surgery will be denied. This policy is in place for the safety of both the pet and the staff. The San Antonio Humane Society (SAHS) is a high-volume spay and neuter clinic. If your pet is deemed unsafe to handle, the SAHS will deduct \$15.00 from the refund if your pet's surgery is denied.
- _____ I understand that the SAHS recommends e-collars and exercise restriction for all surgical procedures (except ferals).
- _____ 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 their skin to designate that he/she has been altered.
- _____ I understand that any cat designated as a feral cat will also have their ear "tipped".
- _____ I understand that the SAHS will not refund any veterinary clinic or emergency vet clinic visits after my pet's surgery.
- _____ I understand that prices are subject to change based on the price of goods and services.
- _____ I hereby release the SAHS 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 the SAHS and its employees and volunteers, 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 that if I cannot comply with the post-operative instructions, surgery should not be performed.
- _____ I understand that any pets dropped off late (after 8:30 am) or picked up late (after 5 pm) will incur a Late Pick-Up Fee. Failure to pick up your pet the day of surgery will also result in a fee.
- _____ I understand that if my pet experiences nausea or vomiting during the surgical process, my pet will be administered cerenia, an anti-nausea injection, and I will be responsible for this additional charge.
- _____ ZIP CODE GRANT PARTICIPANTS: I understand that if my pet experiences complications after pre-medication or induction, the veterinarians may elect not to perform surgery. If my pet is sedated or induced but does not receive surgery, their services do not qualify under the zip code grant, and I will be charged a \$15 fee to cover the costs of medications. All vaccinations (including required rabies) will also result in a fee.

Signature of Owner or Owner's Agent

Today's Date

Patient Name: _____

Certificate Code: _____

OTHER SERVICES/PRODUCTS

Surgery (Please Confirm)

- ☐ Neuter (for males)
- ☐ Spay (for females)
- ☐ Inguinal Crypt
- ☐ Gravid
- ☐ Scrotal Ablation
- ☐ Abdominal Crypt
- ☐ Pyometra
- ☐ Overweight

Microchip *highly recommended*

- ☐ Yes \$43.00
- ☐ No
- ☐ Rescue Placement \$3.00

Nail Trim

- ☐ Yes \$22.00
- ☐ No

Rabies Vaccine *required if no proof of vaccine*

- ☐ Needs today \$16.50
- ☐ Too Young (under 12 weeks)
- ☐ Current/Verified
- Staff Initials _____

STAFF USE ONLY

Animal ID: _____

Actual Weight: _____

- Dog

☐ H/B: _____

☐ A: _____

☐ T: _____

☐ C/M: _____
- Cat

☐ TTDEX: _____

☐ M: _____

☐ B: _____

☐ A: _____

Comfort

- ☐ Canine Comfort Package (e-collar + pain medication) \$29.50 plus tax
- ☐ Canine Pain Medication only \$16.50
- ☐ Feline Comfort Package (e-collar + pain medication) \$30.00 plus tax
- ☐ Feline Pain Medication only \$17.00
- ☐ E-collar only \$16.50 plus tax
- ☐ Decline Comfort Package
- ☐ Trazodone (calming med) \$0.40/pill
- ☐ Decline Trazodone
- *Trazodone for dogs only*

ALL PUPPY & KITTEN PACKAGES ARE FOR PETS 6 MONTHS OLD AND UNDER!

Dog Services

Wellness Packages

- ☐ **Puppy Pkg:** DAPP + nail trim + dewormer + sample \$56.00
heartworm prevention + sample flea prevention (while supplies last)
- ☐ **Puppy Booster Pkg:** DAPP + nail trim + dewormer \$55.50
(must have had 1st vaccine at a SAHS Wellness Clinic; 1x only)
- ☐ **Basic Annual Dog Pkg:** DAPP + Rabies \$44.50
- ☐ **Doggone Best Pkg:** DAPP + Rabies + Bordetella + HW test \$91.50

Additional Dog Services

- ☐ **Heartworm 4Dx Test** (heartworms/3 tick-borne diseases) \$55.00
- ☐ **Heartworm Test** \$32.00
- ☐ **4Dx Denied**
- ☐ **DAPP** (distemper, hepatitis, parainfluenza, and parvo) \$33.00
- ☐ **Bordetella** (prevents kennel cough) \$20.00
- ☐ **Unattached Dewclaw Removal** \$36.50/paw
- ☐ **Umbilical Hernia Repair** \$23.50

Nexgard (oral medication for adult fleas and ticks)

- ☐ 4-10 lbs: \$23.50
- ☐ 10.1-24 lbs: \$25.00
- ☐ 24.1-60 lbs: \$26.00
- ☐ 60.1-121 lbs: \$27.00

All heartworm prevention requires a yearly heartworm test

Heartgard Plus (oral medication for heartworms)

- ☐ 0-25 lbs: \$8.50
- ☐ 26-50 lbs: \$10.00
- ☐ 51-100 lbs: \$12.50

Simparica Trio (all-in-one monthly oral chewable for heartworms, fleas, & ticks)

- ☐ 2.8-5.5 lbs: \$27.00
- ☐ 5.6-11lbs: \$28.00
- ☐ 11.1-22 lbs: \$27.00
- ☐ 22.1-44 lbs: \$30.00
- ☐ 44.1-88 lbs: \$31.00
- ☐ 88.1-132 lbs: \$31.50

Cat Services

Wellness Packages

- ☐ **Kitten Pkg:** FVRCP + nail trim + dewormer + sample \$51.50
heartworm prevention + sample flea prevention (while supplies last)
- ☐ **Kitten Booster Pkg:** FVRCP + nail trim + dewormer \$50.50
- ☐ **Basic Annual Cat Pkg:** FVRCP + Rabies \$40.00

Additional Cat Services/Packages

- ☐ **FVRCP** (prevents common respiratory disease) \$28.00
- ☐ **FeLV/FIV Combo Test** (FIV and Feline Leukemia test) \$46.00

PHONE # TO CALL IF POSITIVE: _____

Revolution Plus (topical medicine for fleas, heartworms, and ear mites)

- ☐ 2.8-5.5 lbs: \$17.50
- ☐ 5.6-11 lbs: \$20.00
- ☐ 11.1-22 lbs: \$21.00

CAT: Dewormer

Pyrantel (roundworms/hookworms) ☐ <6 mos: \$7.00 ☐ >6 mos: \$14.50

Triwormer (roundworms/hookworms/tapeworms) ☐ \$17.50/ml

DOG: Dewormer

Pyrantel (roundworms/hookworms) ☐ <6 mos: \$7.00 ☐ >6 mos: \$14.50

Triwormer (roundworm/hookworm/tapeworm/whipworm) ☐ \$12.00/tab

☐ **Cerenia Injection** (per cc)(required if adult pet ate before surgery) \$36.25

Convenia Injection ☐ 0.10-0.25cc: \$12.50 ☐ 0.26-0.50cc: \$25.00
☐ 0.51-0.75cc: \$37.25 ☐ 0.76-1.00cc: \$49.25

FOR STAFF USE

- ☐ HR: _____
- ☐ RR: _____
- ☐ CRT: _____
- ☐ MM: _____
- Auscultation of Heart/Lungs ☐ Normal ☐ Abnormal
- BCS ____/9
- Staff Initials _____

HW Test Results: Positive Negative
HW 4DX Results: HW Lym Erh Ana Negative
FeLV: Positive Negative FIV: Positive Negative

- ☐ Capstar given
- ☐ Nail Trim
- ☐ Neuter

☐ Evidence of previous spay/neuter (describe): _____

Veterinary Surgeon

- ☐ Dr. Hopes
- ☐ Other:

Notes:

Vax Stickers:



SPAY/NEUTER DISCHARGE INSTRUCTIONS

IT IS **CRITICAL** THAT YOU FOLLOW THESE INSTRUCTIONS TO AVOID SERIOUS AND COSTLY POST-SURGICAL COMPLICATIONS.

DO NOT SCHEDULE SURGERY IF YOU ARE UNABLE TO COMPLY WITH THESE INSTRUCTIONS!

THE SAHS STRONGLY RECOMMENDS ESTABLISHING A REGULAR RELATIONSHIP WITH A **FULL-SERVICE VETERINARY HOSPITAL** TO MEET YOUR PET'S ONGOING HEALTH CARE AND DISEASE PREVENTION NEEDS.

POST-OP INSTRUCTIONS – PLEASE READ, INITIAL EACH LINE, AND SIGN

INCISION SITE CARE:

- Your pet has undergone a major surgery. The incision site has been closed and a **silver aerosol bandage** has been applied over the incision site. **Green tattoo ink** has been applied to the skin to identify that your pet has been spayed/neutered.
- We perform **scrotal neuters**. It is normal to see a slight opening of the incision and some tinged fluid post-operatively.
- Please keep the incision site clean, dry (no baths!), and unbandaged until healed.

E-COLLARS: Recommended for all surgical procedures!

- **REQUIRED** for all pets with **external sutures/staples** and **all dogs over 25 pounds**. Please use a regular collar to secure the cone once you have returned home. E-collars should fit snug around the neck (so you can only place two fingers underneath) and extend several inches past the nose. These should be worn for a minimum of 7 – 10 days.

STRICT REST: Recommended after all surgical procedures (except ferals)!

- **DOGS:** We recommend dogs be confined to a kennel until the incision has healed. Dogs should be walked on a leash to use the restroom and not be allowed to run, jump, or play. DO NOT bathe your dog for 14 days post-surgery.
- **CATS:** Anesthesia may wear off slowly, so your pet may appear drowsy this evening, but they will become progressively more active and alert with time. Cats may sleep and wake up several times throughout the night and are often clumsy. Cats may hallucinate as anesthesia wears off and sounds, light, and touching may frighten them. They may growl or claw at invisible objects for up to 24 hours. Keep cats confined in their carriers this evening and make sure they are in a quiet place and avoid stress and stairs when possible. Some cats do best in quiet, dark places such as a bathroom (with the toilet lid down).

APPETITE/RESTROOM HABITS

- Your pet might not be interested in food tonight. Expect your pet to have an initial decrease in appetite which should return gradually within **24-48 hours following surgery**. Some pets experience residual nausea following anesthesia. Offer small amounts of water immediately after returning home, and then small amounts of food later in the day or the next morning. This also means a decrease in urine and bowel production for several days.
- 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 an emergency clinic** (if after hours) for any severe episodes of vomiting and/or diarrhea. **The SAHS cannot treat these issues.**

FERTILITY POST-OP

- Newly neutered males may remain marginally fertile and may breed for 3-4 weeks after surgery, so please keep them confined.
- Female pets that have surgery while in heat are especially delicate and must be kept separate from males (both neutered and unneutered) for 5 days after surgery. Some of these animals will continue to breed, potentially damaging their incision.

RE-CHECK INFO

Email concerns/photos to **medical@SAhumane.org**. If you are told to come in, recheck hours at our Leeu Naylor Medical Building are **Monday-Friday between 9am-1pm.**

Please note this email is only being monitored during routine business hours. Seek emergency care for your pet if you are concerned and it is outside of routine business hours.

MEDICATIONS

TRAZODONE (anti-anxiety and mild sedative medication used in highly energetic dogs in postoperative period):

- Your pet has been prescribed Trazodone to help reduce their anxiety following their surgery. This medication is generally well-tolerated in dogs but some dogs can experience side effects including: aggressive food searching, sedation, nausea, and diarrhea. Please discontinue the medication and contact the SAHS or seek veterinary care if these signs develop. If your pet continues to be hyperactive with the medication, please contact the SAHS (medical@SAhumane.org) as the dose may need to be adjusted.
- Please administer according to the label instructions.

CARPROFEN (dogs only):

- An additional 3 days of pain control is recommended. This is a member of the class of drugs known as NSAIDs (non-steroidal anti-inflammatory drugs). Your dog has already been administered a 24-hour dose of this medication pre-operatively and does not need another dose until tomorrow morning. The most common side effects to watch for are stomach upset: vomiting, diarrhea, and/or appetite loss. This medication is to be given preferably with food. (Note: Small dogs may be prescribed a once daily dosage or meloxicam instead)
- Dose: 2.2mg/kg dose every 12 hours to start the morning following surgery has been prescribed. Administer according to instructions on the label(s). Note that you may be instructed to administer tablets from multiple bottles to achieve the total dose.

ANTIBIOTICS

- If your pet has been administered an injectable antibiotic, the specific dose and type will appear on the following page. If your pet has been prescribed oral antibiotics, follow all dosing instructions on the label. Antibiotics are generally well-tolerated, but most common side effects include GI upset: vomiting, diarrhea, loss of appetite. We recommend giving this medication with food to reduce chance of side effects.

CAT-SPECIFIC MEDICATIONS

- Cats receive a 24-hour injectable dose of an anti-inflammatory (Meloxicam) immediately following surgery.
- An additional pain medication of injectable Buprenorphine SR or transdermal Zorbium is also recommended for all cats undergoing surgery at an additional cost.
 - Buprenorphine SR is an injectable opioid given immediately following surgery that lasts for approximately 72 hours.
 - Zorbium (Buprenorphine) is a transdermal opioid that delivers four days of reliable pain relief from a single in-clinic dose. This medication is applied to the skin at the back of the head.

EXTERNAL SKIN SUTURES

- Your pet may have received external skin sutures or staples if surgery required a larger incision or if there are concerns about your pet's post-operative activity level (too active).
- If your pet received staples or external skin sutures, please return in 10-14 days for staple/suture removal.
- If your pet had a drain placed during surgery (scrotal ablation), please return in 3 days for recheck and drain removal.

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 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 of Owner or Owner's Agent

Today's Date



POST-OPERATIVE CONCERNS?

If you have any post-operative concerns, email our Medical Front Desk (medical@SAhumane.org)

Please include a clear photo of your pet's incision and answers to the following questions:

- When did your pet have surgery?
- Has your pet been wearing an e-collar?
- Has your pet been allowed to lick at the incision?
- Has your pet been allowed to exercise since surgery?
- Has your pet been eating/drinking/urinating/defecating normally?
- Have you noticed any discharge/bruising/swelling/bleeding from the incision?
- Have you noticed that the incision is open?

Our medical front desk staff will send a reply as soon as possible.

Please note that this email is only monitored during regular business hours!

If there is an emergency, please seek veterinary care immediately.

If medical front desk staff is unable to answer your email, they will forward it to a staff veterinarian who will contact you.

If the veterinarian recommends you return for a recheck, please return to our Leeu Naylor Medical Building. ***An appointment is not required for rechecks.***

SAHS Leeu Naylor Medical Building

4804 Fredericksburg Rd.
San Antonio, TX 78229

Recheck Hours

9 am – 1 pm Monday–Friday