



FERAL CAT SPAY/NEUTER CHECK-IN FORM

PATIENT INFORMATION

Patient Name

MALE FEMALE

Age Color

Breed

Zip Code

Staff Confirmed

Has this cat had surgery before?

YES NO If yes, please explain:

What time did this cat last eat?

_____ AM _____ PM

Has this cat vomited or had diarrhea in the past 24 hours?

YES NO

Does this cat have any medical problems?

YES NO If yes, please explain:

Does this cat take any medications?

YES NO If yes, please list:

Is this pet pregnant or could possibly be pregnant?

YES NO

TRAPPER INFORMATION

Trapper Name

Street Address

City State

Email Address

Home Phone #

Cell Phone #

TRAPPER'S AGENT INFORMATION

Trapper's Agent Name

Trapper'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 that my pet will be vaccinated for rabies as per Texas Health and Safety Code Sec. 826.021 if no proof of rabies vaccination is provided prior to surgery. 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.

____ I understand that if my male cat 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 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.

Patient Name: _____

Certificate Code: _____

Staff Use Only:

Animal ID: _____

Actual Weight: _____

TTDEX: _____ M: _____

B: _____ A: _____

Services/Products

Surgery Confirmation

Neuter (for males) Spay (for females)
 Inguinal Crypt Gravid Scrotal Ablation
 Abdominal Crypt Pyometra Obese

Rabies Vaccine *required if no proof of vaccine*

Needs today \$17.00 Too Young (under 12 weeks)
 Current/Verified Staff Initials _____

Comfort

Pain Medication* \$18.00

If selected, the cat must be kept indoors for 24 hours post-op.

All kitten packages are for kittens 6 months old and under!

Cat Services

Wellness Packages

Kitten Pkg: FVRCP + dewormer + sample \$53.50
heartworm prevention + sample flea prevention (while supplies last)
 Kitten Booster Pkg: FVRCP + dewormer \$52.50
 Basic Annual Cat Pkg: FVRCP + Rabies \$41.50

Additional Cat Services/Packages

FVRCP (prevents common respiratory disease) \$29.00
 FeLV/FIV combo test* (FIV and Feline Leukemia test) \$48.00
PHONE # TO CALL IF POSITIVE: _____

*If positive, for either FIV or FeLV, the SAHS recommends making the feral cat an indoor only cat or humane euthanasia.

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

2.8-5.5 lbs: \$19.00 5.6-11 lbs: \$21.00 11.1-22 lbs: \$22.00
 Please apply Revolution for me

CAT: Dewormer

Pyrantel (roundworms/hookworms)
 <6 mos: \$7.00 >6 mos: \$15.00

Triwormer (roundworms/hookworms/tapeworms)
 \$18.00/ml

For Staff Use:

HR: _____ RR: _____ CRT: _____ MM: _____

Auscultation of Heart/Lungs Normal Abnormal

BCS ____/9 Staff Initials _____

FeLV: **Positive** **Negative**

FIV: **Positive** **Negative**

Capstar given

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.

STRICT REST:

- Anesthesia may wear off slowly, so they 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).
- **The SAHS recommends keeping feral cats for a period of 24 hours after surgery prior to releasing. If the cat was pregnant at the time of surgery, we recommend keeping them for 72 hours prior to release.**

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.**

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 11am-3pm.

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.

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.

MEDICATIONS

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.

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 go to the directed facility (not necessarily where your pet had their surgery). An appointment is not required for rechecks.

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

Recheck Hours
11 am - 3 pm Monday-Friday