FERAL CAT SPAY/NEUTER CHECK-IN FORM

PATIENT INFORMATION

Patient Name

MALE FEMALE

Age Color

Breed

Zip Code

Staff Confirmed

TRAPPER INFORMATION

Trapper Name

Street Address

City State

Email Address

Home Phone #

Cell Phone #

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'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 SURGICAL CONSENT & ACKNOWLEDGEMENT

PLEASE READ, INITIAL EACH LINE, AND SIGN

_____ By signing below, I consent for the veterinarians and supervised veterinary externs of the San Antonio Humane Society (SAHS) to perform the scheduled procedure and administer anesthesia, medications, and vaccines as needed.

_____ ***Risks of Surgery & Anesthesia***
All surgical procedures and the use of anesthesia, medications, and vaccines carry inherent risks, including injury, infection, illness, or death. I acknowledge and accept these risks.

_____ ***Pre-Surgical Care***
A pre-surgical exam will be performed when on all domesticated canines and felines. If a pre-surgical exam can not be performed, your pet will be denied surgery. In some cases, at the attending veterinarian's discretion, the exam may occur after the animal has been anesthetized; this only applies to ferals. The SAHS does not perform pre-operative blood work; if desired, this bloodwork must be done at a full-service veterinary clinic.

_____ ***Vaccination and Illness Risk***
Failure to maintain current vaccinations carries inherent health risks, and vaccines are not 100% protective. I waive all claims related to illnesses contracted after surgery, including but not limited to kennel cough or upper respiratory infections, and accept full responsibility for treatment costs.

_____ ***Rabies Requirement***
A rabies certificate must be provided by 9:00 AM on the day of surgery. If not provided for pets over 3 months of age, a rabies vaccine will be administered in accordance with Texas Health and Safety Code Sec. 826.021 at an additional cost.

_____ ***Parasites (Fleas & Ticks)***
Pets with fleas will receive Capstar at the owner's expense. If more than one tick is present, a negative 4Dx test and purchase of one month of Nexgard are required before surgery. Surgery will not be performed if the 4Dx test is positive for Anaplasma, Ehrlichia, or Lyme disease. Rescheduling requires proof of completed treatment or a negative offsite 4Dx test. If ticks are discovered after sedation due to a long hair coat, an additional sedation fee may apply if surgery is canceled. This policy protects pets with potential tick-borne diseases that increase bleeding risk.

_____ ***Grooming and Identification***
Male dogs with long hair may have the underside of the tail shaved to prevent complications. Pets will receive a small green tattoo indicating sterilization. Feral cats will also have an ear tip.

_____ ***Additional Conditions & Fees***
Additional surgical time or complications (including pregnancy, cryptorchidism, pyometra, overweight, previous abdominal surgeries, or unattached dewclaw removal) may result in additional fees. These apply to all clients, including free or reduced-cost surgeries. If the pet is pregnant, the pregnancy will be terminated during surgery and additional fees will apply.

_____ ***Handling & Safety***
The SAHS reserves the right to refuse services if surgery presents a health risk or if the pet is unsafe to handle. If a pre-operative exam cannot be safely performed, surgery will be denied and $15 will be deducted from any refund.

_____ ***Emergency Treatment Authorization***
I authorize SAHS veterinarians and staff to perform lifesaving procedures in the event of an emergency. Success is not guaranteed.

_____ ***Post-Operative Care***
The SAHS recommends e-collars and restricted activity following surgery (except for feral cats). If I cannot comply with post-operative instructions, surgery should not be performed. The SAHS is not responsible for costs related to post-surgical visits to outside veterinary clinics or emergency hospitals.

_____ ***Fees & Scheduling***
Prices are subject to change. A late fee of $51.00 will be charged if a late arrival (more than one hour past your pet's scheduled check-in time) or late pick-up (after 5 pm) occurs. Failure to pick up your pet the day of surgery will also result in a fee.

_____ ***Medical Charges***
If nausea or vomiting occurs during surgery, Cerenia (anti-nausea injection) may be administered at the owner's expense.

_____ ***Zip Code Grant Participants***
If complications occur after sedation or induction and surgery is not performed, services do not qualify for the grant. A $15 medication fee will apply, along with charges for any vaccines administered.

_____ ***Liability Release***
I release the SAHS and its employees and volunteers from all claims related to the procedure and agree not to seek compensation and/or file action for any outcomes resulting from sterilization or related care. I accept full financial responsibility for all charges.

_____ _____

Signature of Trapper or Trapper's Agent | Today's Date

Patient Name: _____

Certificate Code: _____

Staff Use Only:

Animal ID: _____ Actual Weight: _____

☐ TTDEX: ____ ☐ M: ____

☐ B: ____ ☐ A: ____

Services/Products

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

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.

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