



All of us for all of them.

Public Spay & Neuter Medical Questionnaire

Owner Information	
Name:	Date:
Address:	
City:	State: Zip Code:
Phone:	Alternate: Email:
These phone numbers may be used in case of an emergency	
Pet Information	
Pet's Name:	Dog / Cat
Age:	Male / Female
Color(s):	Breed:
Desired Services	
Vaccines required for surgery	
<p><u>DOG</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Spay (\$90-150) <input type="checkbox"/> Neuter (\$70-99) <input type="checkbox"/> Vaccine: Rabies (\$12)* <input type="checkbox"/> Vaccine: DAPPV (\$25)* <input type="checkbox"/> Vaccine: Bordetella (\$12)* <input type="checkbox"/> Vaccine: Canine Influenza (\$20) <input type="checkbox"/> Deworming (\$5) <input type="checkbox"/> Anal Gland Expression (\$12) <input type="checkbox"/> Nail Trim (\$10) <input type="checkbox"/> Microchip (\$25) <input type="checkbox"/> Ear Cleaning (\$12) 	<p><u>CAT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Spay (\$70) <input type="checkbox"/> Neuter (\$35) <input type="checkbox"/> Vaccine: Rabies (\$12)* <input type="checkbox"/> Vaccine: FVCPC (\$15)* <input type="checkbox"/> Vaccine: FELV (\$15) <input type="checkbox"/> Feline Leukemia/ Feline Immunodeficiency test (\$35) <input type="checkbox"/> Deworming (\$5) <input type="checkbox"/> Nail Trim (\$10) <input type="checkbox"/> Microchip (\$25) <input type="checkbox"/> Ear Cleaning (\$12) <input type="checkbox"/> Ear Tip (Free)
Medical History	
Please answer every question provided. If it does not apply, please write N/A.	
When did your pet last eat?	
If your pet is <i>female</i> , when was her last heat cycle?	
Has your pet had normal energy levels, urination/defecation, eating and drinking habits in the last 30 days? YES / NO	
Has your pet had any of the following symptoms within the last 30 days? YES / NO (Circle one if yes) Coughing, Sneezing, Vomiting, Diarrhea, Loss of appetite If yes or other please explain _____	
Has your pet ever had ANY of the following? YES / NO Previous Surgeries YES / NO Any medical conditions/illness (ex. seizures, heart murmur, liver disease, etc.) YES / NO Allergies to vaccines or medications If yes or other please explain: _____	
How and when did you acquire your pet?	



Surgical Consent Form

Initials	Please initial that you have read and understood each statement.
	I hereby request and authorize the veterinarians at The Animal Foundation's Public Spay and Neuter Clinic to perform anesthesia, surgery and any additional services I requested upon my pet. I understand that anesthesia and additional services involve potential risk to my pet, including the possibility of anesthesia-related death, and the staff will not be held liable or responsible for any circumstances in connection with these procedures. I understand and assume all risk.
	I understand The Animal Foundation does not provide preoperative blood work . I understand blood work is recommended to screen for underlying diseases and to evaluate the function of internal organs which can be compromised during anesthesia. I understand that may any complications arise, The Animal Foundation is not responsible for any compensation towards my pet's care.
	If my animal is pregnant, the pregnancy will be terminated . If my animal is close to whelping/queening (far along in pregnancy), if my animal is pregnant, or has an infected uterus (pyometra) I am responsible for an additional \$50 fee. I understand the veterinarian may not be able to determine these conditions prior to surgery, so I may not be notified in advance.
	If my animal is found during surgery to be in heat, I am responsible for an additional \$30 fee.
	If my dog is behaviorally aggressive I understand that a "basket muzzle" may be placed on my dog and kept on my dog until my dog is discharged. I agree to this precautionary measure.
	I understand tattoo ink will be placed on/near my pets incision to allow for permanent identification of the altering procedure.
	Pets must be picked-up by 6:00PM on the day of surgery. If your pet is not picked up by 6:00 PM, there will be a \$30 boarding fee. If they are not picked-up within 72 hours, they will be kept at the shelter and will become the property of The Animal Foundation.
	I acknowledge the risk of infectious disease exposure, including the increased risk if my pet was not current on preventative vaccines at the time of appointment. I understand that The Animal Foundation is not responsible for any compensation towards my pet's care resulting from such exposure.
	If my pet is transported through KEPPT/PFL/Maddie's Large Dog Targeted Zip Code or other Animal Foundation programs, I understand the risks involved with transport, including potential accidents and the increased risk for escape, up to and including the risk of death. I request and authorize the staff of The Animal Foundation to transport my pet and understand the associated risk. I understand The Animal Foundation will be held harmless and is not responsible for any compensation resulting from an accident or loss.
	I understand that it is recommended that my pet receive regular preventative wellness care with a full-service veterinarian. I understand that low cost spay/neuter and vaccination services are not meant to take the place of my pet's ongoing care with a full-service veterinarian.
	I hereby release The Animal Foundation and all of its employees from any and all claims arising out of or connected with the performance of the selected procedure(s) or any adverse reactions from medications and vaccinations.
	I agree that I have not and will not claim any right of compensation from The Animal Foundation or file action by reason of such sterilization or attempted sterilization of my animal or any consequences related thereto.
<p>To help the thousands of homeless pets that come to The Animal Foundation each year, I would like to make a donation of: \$1 \$5 \$10 \$25 \$50 \$100 Other amount: _____</p>	
Print Name: _____	
Sign Name: _____ Date: _____	



Following Surgery

Care of Your Pet

Appetite/Feeding

- Anesthesia can greatly affect an animal's appetite and digestive comfort. We recommend limiting water intake for the first hour after getting home and feeding $\frac{1}{2}$ of normal meal this evening. If the food stays down and the animal still appears hungry, you may feed the other $\frac{1}{2}$. If the animal does not show interest in eating or vomits up the $\frac{1}{2}$ meal, it is advisable to just let him/her relax and try again in the morning. If the lack of appetite lasts more than 2 days, please notify us immediately.
- If your pet refuses to drink water for more than one day, vomiting for more than 24 hours, or diarrhea for more than 24 hours without improvement, please follow up with your full service veterinary hospital.
- Many patients may not have a bowel movement for 24-36 hours after surgery. This is normal.
- During surgery, dogs receive anesthetic gas and oxygen through a tube that goes directly into the trachea. Coughing or irritation can occur 1-2 days after the surgery.

Activity

- Your pet should have limited exercise or activity. This includes restricting jumping up on the bed or couch, going up and down stairs, etc. You may allow your pet to return to normal activity levels at 10-14 days.
- We recommend offering your pet a quiet, comfortable place to rest that offers protection from other animals and children. Many pets like to be left alone after surgery. This also encourages rest instead of play. Please remember to check on him/her frequently.

Incision Site/ Medications

- It is important to keep your pet from licking or chewing at the incision site. To limit this risk in certain animals, we send home e-collars. This collar should remain on your pet at all times for at least 10 days after surgery. If your pet starts licking or chewing at the incision and you did not receive an e-collar, you may pick one up from us or you can purchase one at your local pet store.
- Please check the incision daily for swelling, redness, or oozing. If you notice these symptoms or the incision site appears irritated, please return to The Animal Foundation for an exam.
- The incision should be kept dry for at least 10 days. Swimming and bathing are not advised. If you feel the need to clean around the incision, you may do so using a warm, wet rag and gently dab around the site.
- Anesthetic drugs are injected into a leg vein directly before surgery. This can result in mild bruising and itching at the injection site. Licking or chewing at this site by your pet should be avoided.
- There are no sutures to be removed. They are buried under the skin and should be absorbed by the body. Tattoo ink will be placed on/near your pet's incision to allow for permanent identification of the altering procedure. We also place skin glue on the incision to help keep the outer layer of skin closed. This can appear as a crusty-like substance on the outside of the incision and is normal.
- All pets are given an injection of pain medication. For dogs, please administer one dose of oral pain medication starting the morning of the day following surgery. Please read the label carefully for dosing instructions.
- **Do not give human pain medication to your pet! These medications can be deadly to animals.**

It is recommended that you establish a relationship with your full-service veterinary hospital to seek regular preventative wellness care for your pet. Our low cost spay/neuter and vaccination services are not meant to take the place of your pet's ongoing care with a full-service veterinarian.

Print Name: _____

Sign Name: _____

Date: _____

