



# Pasadena Humane Society & SPCA - SNIp

361 South Raymond Avenue • Pasadena, CA 91105  
626.792.7151 ext. 152 • Fax: 626.568.8716 • snip@pasadenahumane.org  
Tues – Sat: 8am – 4:30pm

	Kennel
SX Date	Animal ID

Please fill out the blue fields on all three pages.

Owner's Name: (First Last) \_\_\_\_\_ Owner's DOB: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Pet's Age: \_\_\_\_\_

Address St.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Pet's Breed: \_\_\_\_\_ Pet's Color(s): \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email: \_\_\_\_\_

Cat  Dog  Male  Female

**Answer the following questions:**

Does your pet have any health concerns?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (explain) _____	<input type="checkbox"/> Don't know
Has your pet received medications this last month?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (medication) _____	<input type="checkbox"/> Don't know
Has your pet ever had a vaccine reaction?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (explain) _____	<input type="checkbox"/> Don't know
Did your pet eat this morning?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (time of meal) _____	<input type="checkbox"/> Don't know
For Females: When was the last heat cycle?	<input type="checkbox"/> NA <input type="checkbox"/> Date / Explain _____	<input type="checkbox"/> Don't know
Do you need to renew or get a new license today? (only for residents in our service area)	<input type="checkbox"/> No <input type="checkbox"/> Yes: (renewal / new) _____	<input type="checkbox"/> Don't know

Altadena , Arcadia, Bradbury, La Cañada Flintridge, La Crescenta, Monrovia, Pasadena, San Marino, Sierra Madre, and South Pasadena. **Need proof of rabies.**

**Pasadena Humane Society & SPCA (PHS) uses qualified staffing and approved materials for all procedures performed. It is important for you to understand the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. Carefully read and ensure you understand the following before signing:**

- I, acting as owner or agent of the pet named above, hereby request and authorize PHS, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form. **I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the surgery and use of anesthetics and drugs provided for the procedure.** I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, pyometra, and diseases such as feline immunodeficiency virus (FIV), and feline leukemia virus (FeLV). I understand that pregnant, in heat, pyometra, and difficult spays (i.e. obesity) will have an additional charge (\$50). All pregnancies will also be terminated at surgery. There will be an additional (\$30-100) charge for cryptorchid pets and reducible umbilical hernias (\$50). I understand that PHS has the right to refuse service to any animal, especially those deemed at high risk of complications.
- I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery (if older than 4 months). I understand that PHS may not perform a complete physical examination before surgery, especially if an animal poses a risk to staff. I also understand that if my animal has not received pre-operative bloodwork, there may be a higher risk of complications. Bloodwork and IV catheters + fluids are especially recommended for high-risk animals (including animals above 5 years of age) and may be required at the doctor's discretion. If fleas are noted, administration of Capstar (flea treatment lasting 24 hours) will be required for \$5. Monthly flea preventative afterwards is recommended. Animals also receive a small green tattoo on his/her underside to show sterilization and prevent unnecessary anesthesia/surgery if your pet is lost.
- I either certify that my animal has been vaccinated within 1 year prior to this date, or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to 2 weeks for vaccinations to protect my animal and the inherent risks of failing to maintain current vaccinations. I waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand that if my pet develops an upper respiratory infection or vaccine reaction, I am responsible for treatment at my own cost. For post-op complications, recheck appointments can be taken on a walk-in basis Tues-Sat 2:00-4:00pm. PHS cannot be held responsible for complications resulting from failure to follow post-op instructions (i.e. licking the incision, high activity level).
- I understand that if I do not retrieve my pet at the agreed-upon time, I will be charged a late fee of \$50 per night. I understand that staff is only present in the facility during working hours of the clinic and not overnight.
- I hereby release PHS, all veterinarians, assistants, volunteers, administrators, and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. I hereby agree to indemnify and hold PHS harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters.

I HAVE READ & UNDERSTOOD THE CONDITIONS LISTED ABOVE:

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



<b>SNiP Clinic Questionnaire</b> <b>ALL QUESTIONS MUST BE ANSWERED</b>		
BLOODTESTS are important to detect problems with internal organ function (checking liver, kidneys, electrolytes, white and red blood cells, etc) prior to anesthesia. Do you want your pet to have a pre-op blood test?	<input type="checkbox"/> YES (\$50)	<input type="checkbox"/> NO
Do you want your pet to get a MICROCHIP?	<input type="checkbox"/> YES (\$20 / NC)	<input type="checkbox"/> NO
Would you like a <b>FREE</b> engraved identification tag? <span style="float: right;"><i>TNR cats do not qualify.</i></span>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you want your pet to get a NAIL TRIM, if needed?	<input type="checkbox"/> YES \$8 cats \$10 dogs	<input type="checkbox"/> NO
<b>IF</b> your pet is found to have TAPEWORMS, do you authorize a deworming injection for tapeworms? <i>(only if seen during surgery)</i>	<input type="checkbox"/> YES \$15 cats \$20-30 dogs	<input type="checkbox"/> NO
<b>IF</b> your pet is found to have an umbilical HERNIA (small/medium nodule over belly button area), do you authorize the hernia repair surgery? <i>This will not be offered again.</i>	<input type="checkbox"/> YES (\$50)	<input type="checkbox"/> NO
<b>FOR PETS 6 MONTHS OR OLDER: IF</b> your pet has retained baby teeth, do you authorize extraction of the baby teeth? <span style="float: right;"><i>This will not be offered again.</i></span>	<input type="checkbox"/> YES \$10 each incisor \$25 each canine	<input type="checkbox"/> NO
<b>FOR MALE PETS ONLY:</b>  <b>IF</b> your male pet is found to be a cryptorchid (missing one or both testicles), do you authorize us to move forward with the surgery?  Cryptorchidism: a condition in which one or both of the testes fail to descend from the abdomen into the scrotum.	<input type="checkbox"/> YES, he has both testicles in the scrotum OR I authorize an additional \$30-100 charge for the cryptorchid surgery  <input type="checkbox"/> NO, do not proceed with surgery	
<b>FOR CATS ONLY</b>		
<b>FOR CATS ONLY:</b> Feline Leukemia (FeLV) and Feline Immunodeficiency Virus (FIV) are viruses that are transmissible between cats through saliva, bites, or scratches. If your cat is outdoors, it is strongly recommended that your cat be tested. Do you want to FELV/FIV test your cat?	<input type="checkbox"/> YES (\$30)	<input type="checkbox"/> NO
<b>FOR CATS ONLY:</b> Do you authorize REVOLUTION (1 month flea treatment) to be applied to your cat?	<input type="checkbox"/> YES (\$15)	<input type="checkbox"/> NO

You must pick up your pet between **3-4pm today** or you will be charged a \$50 late fee.

Please **initial** here \_\_\_\_\_



# Pasadena Humane Society & SPCA - SNiP

361 South Raymond Avenue • Pasadena, CA 91105  
626.792.7151 ext. 152 • Fax: 626.568.8716 • snip@pasadenahumane.org  
Tues – Sat: 8am – 4:30pm

	Kennel
SX Date	Animal ID

Owner's Name: (First Last)  Pet's Name:  Pet's Age:  Species:  Cat  Dog Sex:  M  F

Pet's Breed:  Pet's Color(s):

**STAFF ONLY** Please do not write below this line Please do not do not write below this line

History:

Wt: _____ lbs T: _____ °F P: _____ /min R: _____ /min	<input type="checkbox"/> BARH, pink mm, crt<2s	CV <input type="checkbox"/> N	RESP <input type="checkbox"/> N	LN <input type="checkbox"/> N
	Teeth <input type="checkbox"/> N <input type="checkbox"/> Deciduous		EENT <input type="checkbox"/> N	INT <input type="checkbox"/> N
	GU: <input type="checkbox"/> M <input type="checkbox"/> F	Cryptorchid: <input type="checkbox"/> No <input type="checkbox"/> Inguinal <input type="checkbox"/> Abdominal In heat: <input type="checkbox"/> No <input type="checkbox"/> Yes	NS+MS <input type="checkbox"/> N	ABD <input type="checkbox"/> N Umbilical Hernia: <input type="checkbox"/> Reducible <input type="checkbox"/> Non-reducible

Initial = Done	Time:	Initial = Done	Initial = Done	Initial = Done			
_____	Acepromazine (2mg/ml) _____ ml SQ IM	_____	Telazol (100mg/ml) _____ ml IV IM	_____	Metacam (5mg/ml) _____ ml SQ	_____	Atropine (0.54mg/ml) _____ ml SQ IV
_____	Buprenex (0.6mg/ml) _____ ml SQ IM	_____	Propoflo (10mg/ml) _____ ml IV	_____	Rimadyl (50mg/ml) _____ ml SQ	_____	PenG (300,000U/ml) _____ ml SQ
_____	Hydromorphone (2mg/ml) _____ ml SQ IM	_____	*TTD _____ ml IM	_____	Bup-SR (3mg/ml) _____ ml SQ	_____	Metoclopramide (5mg/ml) _____ SQ

\*TTD = 100mg/ml Telazol, 5mg/ml Butorphanol, 0.25mg/ml Dexmedetomidine

Maintenance: O<sub>2</sub> + Isoflurane

<input type="checkbox"/> SPAY:	<input type="checkbox"/> Ventral midline incision	<input type="checkbox"/> Flank incision	Suture _____
Ovarian pedicles:	<input type="checkbox"/> Self-tie	<input type="checkbox"/> Circumferential	<input type="checkbox"/> Millers _____
Uterine stump:	<input type="checkbox"/> Circumferential	<input type="checkbox"/> Millers	<input type="checkbox"/> Transfixation _____
Abdomen closure:	<input type="checkbox"/> Cruciate	<input type="checkbox"/> Simple interrupted	<input type="checkbox"/> Simple continuous <input type="checkbox"/> 0.5% Bupivacaine abdominal splash _____
SQ/skin closure:	<input type="checkbox"/> Simple continuous	<input type="checkbox"/> Intradermal	<input type="checkbox"/> Surgical glue <input type="checkbox"/> Tattoo _____
<input type="checkbox"/> NEUTER	<input type="checkbox"/> Closed castration	<input type="checkbox"/> Open castration	Suture _____
Skin incision:	<input type="checkbox"/> Pre-scrotal	<input type="checkbox"/> Scrotal	<input type="checkbox"/> Periprepuce _____ <input type="checkbox"/> Electrosurge unit used _____
Cord ligation:	<input type="checkbox"/> Self-tie	<input type="checkbox"/> Circumferential	<input type="checkbox"/> Millers <input type="checkbox"/> Transfix _____
SQ/skin closure:	<input type="checkbox"/> Simple continuous	<input type="checkbox"/> Intradermal	<input type="checkbox"/> Surgical glue <input type="checkbox"/> Tattoo <input type="checkbox"/> Scrotal wrap _____

Surgery Notes:

Recovery Notes: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ mm= \_\_\_\_\_

Karo syrup \_\_\_\_\_  LRS \_\_\_\_\_ ml IV SQ \_\_\_\_\_  Antisedan \_\_\_\_\_ ml IM \_\_\_\_\_

Notes:

### ORAL MEDS (TO GO HOME)

Carprofen \_\_\_\_\_ mg (# \_\_\_\_\_): Give \_\_\_\_\_ tablet PO BID for 3 days

Tramadol 50 mg (# \_\_\_\_\_): Give \_\_\_\_\_ tablet PO BID for 3 days

\_\_\_\_\_ (# \_\_\_\_\_): Give \_\_\_\_\_ PO \_\_\_\_\_ for \_\_\_\_\_ days

Feline Service	Initial	Canine Service	Initial	Other Service	Initial	TNR	Initial
<input type="checkbox"/> Spay <input type="checkbox"/> out of area	_____	<input type="checkbox"/> Spay <input type="checkbox"/> out of area	_____	<input type="checkbox"/> Blood work \$50	_____	<input type="checkbox"/> Spay / Neuter	_____
<input type="checkbox"/> Neuter <input type="checkbox"/> out of area	_____	<input type="checkbox"/> Neuter <input type="checkbox"/> out of area	_____	<input type="checkbox"/> IV Catheter + LRS \$25	_____	<input type="checkbox"/> out of area	_____
<input type="checkbox"/> Microchip \$20 <input type="checkbox"/> N/C	_____	<input type="checkbox"/> Microchip \$20 <input type="checkbox"/> N/C	_____	<input type="checkbox"/> Capstar _____ mg \$5	_____	<input type="checkbox"/> Ear Tip	_____
<input type="checkbox"/> Rabies \$8 <input type="checkbox"/> 1y <input type="checkbox"/> 3y	_____	<input type="checkbox"/> Rabies \$8 <input type="checkbox"/> 1y <input type="checkbox"/> 3y	_____	<input type="checkbox"/> Nail Trim <input type="checkbox"/> \$8 <input type="checkbox"/> \$10	_____	<input type="checkbox"/> Rabies N/C	_____
<input type="checkbox"/> FVRCP \$15 <input type="checkbox"/> 3w <input type="checkbox"/> 1y <input type="checkbox"/> 3y	_____	<input type="checkbox"/> DHLPP \$15 <input type="checkbox"/> 3w <input type="checkbox"/> 1y	_____	<input type="checkbox"/> Free ID Tag	_____	<input type="checkbox"/> FVRCP N/C	_____
<input type="checkbox"/> Felv \$20 <input type="checkbox"/> 3w <input type="checkbox"/> 1y	_____	<input type="checkbox"/> Bordetella \$15	_____	<b>Approved &amp; If Needed</b>	_____	<input type="checkbox"/> Felv \$20	_____
<input type="checkbox"/> Felv/FIV Test \$30	_____	<input type="checkbox"/> Heartworm Test \$30	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Praziquantel _____ cc	_____	<input type="checkbox"/> Felv/FIV Test \$30	_____
<input type="checkbox"/> Revolution \$15 _____ cc	_____	<input type="checkbox"/> Canine Infl. \$35 <input type="checkbox"/> 3w <input type="checkbox"/> 1y	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Umbilical Hernia Repair \$50	_____	<input type="checkbox"/> Microchip \$10	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Deciduous Tooth Extraction	_____	<input type="checkbox"/> Revolution \$15 _____ cc	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	Incisor \$10 each X _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	Canine \$25 each X _____	_____	<input type="checkbox"/> _____	_____

Donation Request: \_\_\_\_\_  Y  N explain: \_\_\_\_\_ \$ \_\_\_\_\_  
Licensing  Y  N

Total: \$ \_\_\_\_\_