



Pasadena Humane Society & SPCA - SNIIP

361 South Raymond Avenue • Pasadena, CA 91105
626.792.7151 ext. 152 • Fax: 626.568.8716 • snip@pasadenahumane.org

Table with 2 columns: SX Date, Animal ID and 2 rows: Kennel, 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. Includes checkboxes for Cat/Dog and Male/Female.

Answer the following questions:

Is your pet currently having any sneezing, coughing, vomiting, or diarrhea? Other?
Has your pet EVER had any medical conditions or health concerns (seizures, injury, surgeries, lumps)?
Has your pet received medications this last month?
Has your pet EVER had a vaccine reaction?
Did your pet eat this morning?
Females: Last heat cycle, pregnancy, or litter?
Do you need to renew or get a new license today? (only for residents in our service area)

Pasadena Humane Society & SPCA (PHS) uses qualified staffing and approved materials. It is important for you to understand the risk of injury or death, although extremely low, is always present. Carefully read and ensure you understand the following before signing:

- I, as the owner or agent of the pet described above, hereby request and authorize PHS to surgically sterilize this animal and/or perform any additional medical/surgical procedures that may be necessary to ensure proper care. I have had the opportunity to ask questions regarding the surgery/medical procedure and the risks involved. I understand that, although the incidence is small, any procedure requiring a general anesthetic can result in serious injury or death. I consent to the use of general anesthesia. I understand that no guarantee or warranty has been made regarding the results that may be achieved. I realize the results cannot be guaranteed. Should unexpected lifesaving emergency care be required and the hospital staff is unable to reach me, the staff:

(check one) [] HAS [] DOES NOT HAVE

my permission to provide such treatment and I agree to pay for such services.

- 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. 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 that I answered all questions above honestly. 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 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. 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 understand that it takes up to 2 weeks for vaccinations to protect my animal, assume the inherent risks if not protected during the procedure, and waive all claims arising out of, or connected with, such failure.
For post-op complications, recheck appointments can be taken on a walk-in basis Tues-Sat 2:00-3:30pm. 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 (must be 18 years old or older):

SIGNATURE _____ DATE _____

SNiP Clinic Questionnaire ALL QUESTIONS MUST BE ANSWERED		
BLOOD TESTS check internal organ function (liver, kidneys, electrolytes, white and red blood cells, etc). This may be required at the discretion of the veterinarian and is required for pets 6-years old and older. Do you want pre-operative bloodwork?	<input type="checkbox"/> YES (\$50)	<input type="checkbox"/> NO
IV CATHETERS/FLUIDS maintain blood pressure, are the first line defense against potential damage to organs, and allow us to administer medicine more rapidly during an emergency. This may be required at the discretion of the veterinarian and is required for pets who are over 6-years-old, pregnant or recently given birth, overweight, and/or have medical conditions. Do elect for an IV catheter/fluids?	<input type="checkbox"/> YES (\$25)	<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 FREE engraved identification tag? <i>TNR cats do not qualify.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF needed, do you want your pet to get a NAIL TRIM ?	<input type="checkbox"/> YES \$8 cats \$10 dogs	<input type="checkbox"/> NO
IF we see TAPEWORMS (internal parasites), do you authorize treatment?	<input type="checkbox"/> YES \$15 cats \$20-30 dogs	<input type="checkbox"/> NO
IF your pet is found to have a reducible umbilical HERNIA (protrusion of organs or fat through an opening of the body wall), do you authorize surgical repair?	<input type="checkbox"/> YES (\$50)	<input type="checkbox"/> NO
Retained baby teeth (deciduous teeth) after 6 months of age can lead to dental problems. IF extraction is recommended, do you authorize this service?	<input type="checkbox"/> YES \$10 each incisor \$25 each canine	<input type="checkbox"/> NO
MALE PETS: IF your male pet is found to be a cryptorchid (one or both testicles have not descended into the scrotum), do you authorize us to move forward with the surgery?	<input type="checkbox"/> YES, I authorize an additional \$30-100 charge for the cryptorchid surgery <input type="checkbox"/> NO, do not proceed with surgery	

FOR CATS ONLY:		
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, or was previously exposed to outdoor cats, 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
Do you authorize REVOLUTION (1 month flea treatment) to be applied to your cat?	<input type="checkbox"/> YES (\$15)	<input type="checkbox"/> NO

We will call you when your pet is ready to go home. Pick-up time is between 11:30am – 3:00 pm. You must pick up your pet before 3:00 pm or you will be charged a \$50 late fee.

Please initial here _____



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Table with 2 columns: Kennel, Animal ID and 2 rows: 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 write below this line

Technician history: C/S/V/D? Other: Examination: No significant findings, unless marked. Wt: lbs T: °F P: /min R: /min. BARH, pink mm, crt<2s CV RESP LN Teeth Deciduous EENT INT GU: M Cryptorchid: No Inguinal Abdominal NS+MS ABD Umbilical Hernia?: Reducible Non-reducible

Lead RVT initials:

Table with 4 columns: Premed, Induction, Pain Meds, Time. Includes drugs like Dexmedetomidine, Telazol, Propofol, Metacam, Rimadyl, Bup-SR, Atropine, PenG.

SPAY: Ventral midline incision, Flank incision, Ovarian pedicles, Self-tie, Millers, Circumferential, 2% Lidocaine block, Uterine stump, Transfixation, Circumferential, Abdomen closure, Simple continuous, Cruciate, Simple interrupted, 2% Lidocaine block, SQ/skin closure, Cruciate, Intradermal, Simple continuous, Surgical glue, Tattoo. NEUTER: 2% Lidocaine block, Open castration, Closed castration, Skin incision, Pre-scrotal, Scrotal, Periprepuce, Electrosurge unit used, Suture, Cord ligation, Self-tie, Millers, Circumferential, Transfix, Tunic closure, SQ/skin closure, Cruciate, Simple continuous, Intradermal, Surgical glue, Tattoo, Scrotal wrap.

Surgery Start Time:

T: °F P: /min R: /min

Surgery End Time:

T: °F P: /min R: /min 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.

Table with 4 columns: Feline Service, Canine Service, Other Service, TNR. Lists various services and their initial costs.

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