



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: 6:45am – 4:00pm

Table with 2 columns: Kennel, Animal ID and 2 rows: 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

Answer the following questions:

Is your pet currently having any sneezing, coughing, vomiting, or diarrhea? 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 insure proper care. 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 my animal has not received pre-operative bloodwork. Without bloodwork being performed there is no assessment of any underlying conditions that may exist which may result in a higher risk of complications. Bloodwork, IV catheters and IV fluid may be required at the doctor's discretion for an additional price. 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. If you do not want a green tattoo applied we will not perform surgery on your pet.
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 from 8:30am to 9:30am. We will not be able to accommodate rechecks before or after this time frame. 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



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SNiP Clinic Questionnaire ALL QUESTIONS MUST BE ANSWERED		
Labwork, intravenous catheters and intravenous fluid <u>will not be performed or administered</u> unless the surgeon requests it. By initialing, you understand and agree to this and any additional charges that may come with it (\$50 labwork, \$30 IVC/fluid). You also understand and agree that the surgeon will not call for permission, or with results, if these diagnostics/treatments are indicated.	<input type="checkbox"/> YES I understand and agree	Initials:
Do you want your pet to get a MICROCHIP ?	<input type="checkbox"/> YES (\$25 / 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 \$10 cats \$12 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
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. I understand I will not be contacted for permission to proceed. <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 (\$40)	<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 between 11:30am and 3pm. You must pick up your pet before 3:30pm or you will be charged a \$50 late fee.

Please **initial** here _____



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	Kennel
SX Date	Animal ID

Owner's Name: (First Last)

Pet's Name:

Pet's Age:

Species:

Sex:

Cat Dog

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

Technician history: C/S/V/D?

Other:

Examination: No significant findings, unless recorded below:

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

Lead RVT initials:

Premed	Time:	Induction	Time:	Pain Meds	Time:	Time:
___ Dexmedetomidine (0.5mg/ml) ___ ml IM		___ Telazol (100mg/ml) ___ ml IV IM		___ Metacam (5mg/ml) ___ ml SQ		
___ Buprenex (0.6mg/ml) ___ ml IM SC		___ Propofol (10mg/ml) ___ ml IV		___ Rimadyl (50mg/ml) ___ ml SQ		___ PenG (300,000U/ml) ___ ml SQ
___ Butorphanol (10mg/ml) ___ ml IM IV		O ₂ ___ LO ₂ /min / Isoflurane ___ %		___ Bup-SR (3mg/ml) ___ ml SQ		

<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"/> Millers	_____
Uterine stump:	<input type="checkbox"/> Millers	<input type="checkbox"/> Transfixation	_____
Abdomen closure:	<input type="checkbox"/> Simple continuous	<input type="checkbox"/> Cruciate	<input type="checkbox"/> Simple interrupted
SQ/skin closure:	<input type="checkbox"/> Simple continuous	<input type="checkbox"/> Intradermal	<input type="checkbox"/> Simple interrupted <input type="checkbox"/> Surgical glue <input type="checkbox"/> Tattoo
<input type="checkbox"/> NEUTER	<input type="checkbox"/> 2% Lidocaine block	<input type="checkbox"/> Open castration	<input type="checkbox"/> Closed castration
Skin incision:	<input type="checkbox"/> Pre-scrotal	<input type="checkbox"/> Scrotal	<input type="checkbox"/> Periprepuce
Cord ligation:	<input type="checkbox"/> Self-tie	<input type="checkbox"/> Millers	_____
SQ/skin closure:	<input type="checkbox"/> Simple continuous	<input type="checkbox"/> Simple interrupted	<input type="checkbox"/> Intradermal <input type="checkbox"/> Surgical glue <input type="checkbox"/> Tattoo

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)

<input type="checkbox"/> Carprofen ___ mg (#): Give ___ tablet PO BID for 3 days	<input type="checkbox"/> _____ (#): Give _____ PO ___ for ___ days
<input type="checkbox"/> Tramadol 50 mg (#): Give ___ tablet PO BID for 3 days	<input type="checkbox"/> _____

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 \$55	_____	<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 \$30	_____	<input type="checkbox"/> out of area	_____
<input type="checkbox"/> Microchip \$25 <input type="checkbox"/> N/C	_____	<input type="checkbox"/> Microchip \$25 <input type="checkbox"/> N/C	_____	<input type="checkbox"/> Capstar _____ mg \$5	_____	<input type="checkbox"/> Ear Tip	_____
<input type="checkbox"/> Rabies \$10 <input type="checkbox"/> 1y <input type="checkbox"/> 3y	_____	<input type="checkbox"/> Rabies \$10 <input type="checkbox"/> 1y <input type="checkbox"/> 3y	_____	<input type="checkbox"/> Nail Trim <input type="checkbox"/> \$10 <input type="checkbox"/> \$12	_____	<input type="checkbox"/> Rabies N/C	_____
<input type="checkbox"/> FVRCP \$17 <input type="checkbox"/> 3w <input type="checkbox"/> 1y <input type="checkbox"/> 3y	_____	<input type="checkbox"/> DHLPP \$17 <input type="checkbox"/> 3w <input type="checkbox"/> 1y	_____	<input type="checkbox"/> Free ID Tag	_____	<input type="checkbox"/> FVRCP N/C	_____
<input type="checkbox"/> Felv \$22 <input type="checkbox"/> 3w <input type="checkbox"/> 1y	_____	<input type="checkbox"/> Bordetella \$17	_____	Approved & If Needed		<input type="checkbox"/> Felv \$20	_____
<input type="checkbox"/> Felv/FIV Test \$40	_____	<input type="checkbox"/> Heartworm Test \$30	_____	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"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30	_____	_____	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____	Reducible Umbilical Hernia Repair \$50	_____	<input type="checkbox"/> Microchip \$10	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____			<input type="checkbox"/> Revolution \$15 _____ cc	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____			<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____			<input type="checkbox"/> _____	_____

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

Total: \$ _____