

Spay Neuter Your Pet (SNYP) Spay/Neuter Clinic Surgical Consent Form

Animal's Name: _____ Owner's Name: _____

Cat Dog Breed/Color: _____ Sex: M F Age: _____ Feral Cat? Y N

Owner Address: _____

Owner Phone: (Number we can reach you **today** should the need to speak to you prior to surgery): _____

Is your pet pregnant or in heat? Y N Does your pet have any known health issues/allergies or on any medications? _____

	I authorize SNYP to perform the procedures I have elected for my pet. I fully understand that anesthesia, medications, restraint and surgery can be dangerous for my pet and that injury or death may result. I will not hold SNYP, Precious Paws Animal Rescue or any of its agents, contractors, employees, volunteers, or directors liable for any injuries to, vaccination reactions, or death of my pet.
	I understand that it is suggested that I should take my animal to my regular veterinarian prior to surgery to rule out any health problems that could cause complications with anesthesia. SNYP uses only licensed veterinarians, qualified staff and appropriate materials for our procedures. The veterinarian will perform a brief physical exam on your pet; the staff reserves the right to refuse service on any animal when surgery provides an obvious health risk. I understand that post-surgical complications, while rare, may occur during any surgical procedure. I understand that animals who have compromised immune systems, from diseases such as FIP, FIV, Feline Leukemia or Heartworm disease, are in heat or pregnant have higher risks of surgical complications. If additional care is recommended by the veterinarian, it will be noted on the discharge instructions for you to see your regular vet. SNYP is not a full service veterinary clinic and does not perform elective surgical procedures such as declawing, dental, etc. I understand that use of this low cost clinic is not a substitute for regular veterinary care.
	I understand that a Rabies vaccination will be given to my pet if proof of current Rabies vaccination is not provided at the time of check in. I understand that any additional vaccinations I receive may need to be boosted by a veterinarian in 3-4 weeks to provide full protection and that vaccinations may take up to 2 weeks to fully protect my pet. If I do not have or did not produce required proof (certificate, not tags), I authorize SNYP to give my pet State required Rabies vaccine.
	I further understand that my pet will be around and exposed to unvaccinated and potentially unhealthy animals. I accept all risks involved in bringing my pet to the clinic and seeking services here. To the best of my knowledge, I know that my pet is healthy, free of infection and contagious disease. If your pet bites someone, you will be responsible for quarantine rules established by the PA Dept of Ag.
	I understand that if live fleas or live worms are found on my pet, I authorize SNYP to use flea preventive or appropriate dewormer and will pay the \$10-\$15 cost at the time of pickup.
	My pet has fasted as directed by the SNYP staff and has had no food at least 8 hours prior to surgery.
	To the best of my knowledge this pet is not already spayed or neutered. If my pet is found to be in heat or pregnant, I understand that the pregnancy will be terminated and an additional \$25 fee will be charged. If the animal is already altered, I understand my surgery fee is non-refundable.
	I understand attempts will be made to contact me at the numbers I have provided above regarding any issues associated with my pet's surgery. If unavailable, I understand the clinic will make the medically appropriate decision. I understand that all animals must be picked up the day of surgery by 6 PM or when I am called by the SNYP staff. If I fail to pick up my animal, I will be responsible for additional charges. Overnight fee is \$25; but we do not offer boarding as there is no staff on premise for post-surgical overnight monitoring.
	I understand SNYP will place a small tattoo on the stomach of my pet at the time of surgery to further identify the animal as having been surgically altered. This tattoo will likely not be visible after the hair grows back over the surgical area. This is mandatory.
	I understand that SNYP will notch the tip of the left ear of feral cats brought in for surgery and receiving the \$35 feral cat rate as per the rules of our grant. This is the universal sign for an altered feral cat.
	I understand that it is my responsibility to ask for further information about the nature of the procedures and any complications thereof.
	I authorize Precious Paws to use images of my pets in promotional materials and articles and Client of the Week on social media.

Services Requested:

<input type="checkbox"/> Cat Spay (female) with Rabies Vaccine \$65 <input type="checkbox"/> Cat Neuter (male) with Rabies Vaccine \$45 <input type="checkbox"/> Feral cat in trap with Rabies Vaccine & ear tip \$35 <input type="checkbox"/> Male Dog Neuter 2-29 lbs \$150 <input type="checkbox"/> Male Dog Neuter 30-59 lbs \$175 <input type="checkbox"/> Male Dog Neuter 60-99 lbs \$200 <input type="checkbox"/> Male Dog Neuter 100+ lbs \$225 <input type="checkbox"/> Female Dog Spay 2-29 lbs \$150 <input type="checkbox"/> Female Dog Spay 30-59 lbs \$175 <input type="checkbox"/> Female Dog Spay 60-99 lbs \$200 <input type="checkbox"/> Female Dog Spay 100+ lbs \$225 <input type="checkbox"/> Extra Fee for Pregnant or In Heat \$25 <input type="checkbox"/> Cryptorchid fee minimum (varies due to complexity) \$25 <input type="checkbox"/> Pre-surgical bloodwork \$50 <input type="checkbox"/> Dewormer (Panacur granules, by weight) varies <input type="checkbox"/> Dewormer (oral) \$10	<input type="checkbox"/> Flea Preventive & Deworm Topical Combo \$15 <input type="checkbox"/> Frontline, Advantage, Revolution (per dose) \$15 <input type="checkbox"/> Feline FeLV/FIV Test \$25 <input type="checkbox"/> Feline Viral FVRCP Vaccine \$10 <input type="checkbox"/> Feline Leukemia Vaccine \$15 <input type="checkbox"/> Canine DHPP Vaccine (over 8 weeks) \$10 <input type="checkbox"/> Canine DHLPP Vaccine (over 12 weeks) \$10 <input type="checkbox"/> Canine Bordatella (kennel cough) \$10 <input type="checkbox"/> Canine Leptospirosis \$10 <input type="checkbox"/> Canine Snap 40DX Test \$40 <input type="checkbox"/> Canine Lyme Vaccine \$20 <input type="checkbox"/> X-rays \$50/first/ \$35/initial <input type="checkbox"/> Microchip \$15 <input type="checkbox"/> Additional Pain Medication \$15 <input type="checkbox"/> ECollar (for cats) \$5 <input type="checkbox"/> Hernia Repair (requires pain meds) \$25
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I hereby represent that I am the legal owner of this animal. I have read and understand the above.

Owner's Signature: _____ Date: _____

Amount Paid: _____ Intake Volunteer/Witness: _____