



Fox Valley Animal Welfare League Spay Neuter Clinic

Owner Name _____

Address _____

City _____ IL Zip _____

County _____

Phone _____

Phone Alt _____

Email _____

Pet's Name _____ Dog Cat

Age or Birthdate _____ Male Female

Color _____ Female

Breed _____

Has your pet had anything to eat today? Yes No

Any injuries or prior medical conditions? Yes No
If Yes, explain: _____

Consent required if you would like any of the additional services:

Yes No Microchip? (\$25) Rescue Chip provided

Yes No E Collar/Soft Cone? (\$15)
Prevents licking the incision area - recommended for dogs

Yes No Any found hernia's repaired?
Umbilical \$40 or Inguinal \$100 - (will not resolve on it's own)

Yes No Any found retained baby teeth pulled? (\$20)
If they have not fallen out by 7-9 months they will need to be surgically removed by your primary veterinarian

Yes No Pre-Surgical Blood Panel (\$35 ~ \$90)
 Basic Panel Chem10/CBC - \$35 (required if 5yrs or older)
 Middle Panel Chem17/CBC - \$50
 Full Panel Chem17/CBC/Lytes/SDMA/T4 - \$90

Yes No Fecal Analysis sent to Lab (\$15)
Bring sample collected within 24 hours / kept refrigerated

Yes No Anti-anxiety/calming medication for dogs (\$15)
Recommended Lg Breeds that are hyper, hard to restrict activity

Yes No Anti-Vomiting medication at the time of surgery
Up to 20 lbs \$30 50 - 74 lbs \$40 over 100 lbs \$70
21-49 lbs \$35 75 - 99 lbs \$50

Surgical Date _____

*No food or water after midnight before surgery
Drop off between 7:30 and 9:00 am
Pick-up 4:00 pm
Dogs must be on a leash
Cats must be brought in a carrier*

SURGICAL CONSENT WAIVER

The Fox Valley Animal Welfare League Spay Neuter Clinic employs licensed, well experienced veterinarians and trained staff members in addition to using the highest quality materials for every procedure performed.

It is important for you to understand the risk of surgery as well as anesthesia. Although extremely low, the risk of death is always present, just as it is for humans that undergo surgical anesthesia.

As the owner or agent of this animal, I authorize the Fox Valley Animal Welfare League to perform the surgical procedure as scheduled.

I authorize the veterinarian to administer any treatment deemed necessary during the course of the examination and surgery.

I release and indemnify all Fox Valley Animal Welfare League employees, volunteers, and agents from all liability.

I understand that the veterinarian maintains the right to refuse to perform surgery on any animal for whom surgery is deemed a health risk.

Signature

Pain Meds ARE INCLUDED except male cats which are optional

Your pet may receive a small green tattoo on their belly indicating the pet has been spayed or neutered.

I understand that the pick up time is at 4:00 pm and that if I my animal is not picked up by 6:00 pm, that I will be charged an additional fee of \$1 per minute.

I understand policy (initials)

CLINIC USE ONLY

Weight: _____

Microchip #

- Spay
 - Neuter
 - Hernia Repair
 - Growth Removal
 - Retained Teeth
 - Microchip
 - Rabies 1 YR 3 YR
 - County Tag #
 - Distemper / FVRCP
 - Lepto
 - Bordetella
 - Lyme
 - Heartworm Test
 - Combo Test
 - Cerenia Injectable
 - Cerenia Tablets
 - Trazadone
 - Chem10/CBC
 - Chem17/CBC
 - Full Blood Panel
 - Ear Tip (Feral Cat)
 - E-Collar
- | | | |
|---------------|---------------|--------------|
| XS
up to 8 | SMALL
8-12 | MED
12-15 |
| LG
15-18 | XL
18-23 | XXL
23 + |
- UNE S.S. DIS