



Fox Valley Animal Welfare League Spay Neuter Clinic

Owner's Name _____

Address _____

City _____ IL Zip _____

County _____

Phone _____

Phone Alt _____

Email _____

2021

Surgery Date

Rabbit's Name _____

Age or Birthdate _____

Male Female

Color _____

Breed _____

Weight Kg

Has your Rabbit ever been seen by a Veterinarian? Yes No
 If Yes, how long ago and the reason? _____

Does your rabbit eat any of the following: _____ If yes, how much do you feed per day? _____

Grass Hay Type: _____

Pellets Brand: _____

Fresh Greens Type: _____

Other Foods Type: _____

Is your rabbit living in direct contact with other rabbits? Yes No

Is your rabbit producing normal stools? Yes No Explain? _____

Is your rabbit currently refusing any type of foods? No Yes Explain? _____

Have you noticed any eye/nasal discharge or sneezing recently? No Yes Explain? _____

Has your rabbit had any medical problems in the past? No Yes Explain? _____

Is your rabbit currently on any medications? No Yes Explain? _____

Would you consider the following functions as normal for your rabbit at this time?

Drinking Yes No

Urination Yes No *If No please Explain?* _____

Daily Activity Yes No _____

SURGICAL CONSENT WAIVER

The Fox Valley Animal Welfare League Spay Neuter Clinic uses licensed Veterinarians and trained experienced staffing as well as the highest quality materials for all procedures performed. It is important for you to understand the risk of surgery, although extremely low, the risk of death is always present, just as it is for humans that undergo surgery.

I, acting as owner or agent of the pet named above, authorize the FVAWL to perform surgery on this animal. I authorize the Veterinarian to administer any treatment considered necessary during the course of the examination and surgery. I release and indemnify all FVAWL employees, volunteers, and agents from all liability. I understand that the Veterinarian maintains the right to refuse to perform surgery for any animal for whom surgery is deemed a health risk.

Your pet may receive a small tattoo on their underside indicating sterilization.

Signature

I understand that if I do not pick up my animal by 4:00 pm, that I will be charged an additional late fee of \$20 for every 15 min beginning at 4:01 (\$80 per hour).

I understand the late policy - signature required

Total Fees

CASH

CREDIT