



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 _____ Male Female

Breed _____

Do you want a Microchip? (\$25) Yes No

Already microchipped Brought chip

Has your pet had anything to eat today? Yes No

Any injuries or prior medical conditions? Yes No

If Yes, explain: _____

I understand that this dental cleaning is considered preventative care and that major dental work, including complex extractions, are NOT considered preventative care.

I understand that the standard of care requires x-rays for dental work outside the normal cleaning procedure and that your clinic does not provide this service.

I understand that if there are loose teeth that need to be removed and can be extracted without major surgery that this service will be performed.

I further understand that during the cleaning procedure, if there are major complications found, the veterinarian will diagnose and recommend treatment options for any services that cannot be performed.

Signature

_____ Dental 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

DENTAL 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

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 #

- Dental
- Extractions
- Hernia Repair
- Growth Removal
- Microchip
- Rabies 1 YR 3 YR
- County Tag #
- Distemper / FVRCP
- Lepto
- Bordetella
- Lyme
- Heartworm Test
- Combo Test
- Cerenia Injectable
- Cerenia Tablets
- Trazadone
- Blood Panel

E-Collar

XS up to 8	SMALL 8-12	MED 12-15
LG 15-18	XL 18-23	XXL 23+

- UNE
- S.S.
- DIS