**SPAY/NEUTER CANINE ADMISSION FORM**

<table>
<thead>
<tr>
<th>OWNER’S FIRST NAME</th>
<th>OWNER’S LAST NAME</th>
<th>DATE</th>
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<tr>
<th>PET’S NAME</th>
<th>PET’S AGE</th>
<th>BREED / COLOR</th>
<th>PET’S SEX</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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*Please make sure the primary phone is one you will answer today if we have any questions or concerns.

**Please check off services below:**

- Spay or Neuter **Less Than** 35 lbs. (discount $____)......$100
- Spay or Neuter **Over** 35 lbs. (discount $____)......$115
- Spay or Neuter **Over** 90 lbs. (discount $____)......$150
- Subcutaneous Fluids...........................................$15
- Pre-Op Blood Work (**Required for Pets 7 years and older**)......$40
- Dog Annual Vaccination Package.................................$45

- Includes an Exam, DHPP, Bordetella, Rabies, and a Heartworm test
  - Orleans Parish Tag **REQUIRED** by parish law............$10
  - Jefferson Parish Tag **REQUIRED** by parish law........$15
  - St. Bernard Parish Tag **REQUIRED** by parish law......$5
  - Other Parishes may purchase an optional Orleans parish tag....$10
- Microchip..........................................................$15
- Rabies Vaccination (**Parish tag and license fee separate**).....$10
- DHPP Vaccine (distemper, parvo, parainfluenza, hepatitis).......$15
- Bordetella Vaccine...............................................$10
- Leptospirosis Vaccine (booster ONLY)...........................$10
- Heartworm Test..................................................$15
- Single Dose Flea Prevention (**one month topical treatment applied during surgery**).....$10
- Nail Trim.........................................................$5
- Ear Cleaning.....................................................$10
- Express Anal Glands............................................$15
- E-Collar............................................................$8
- Additional services or notes: ..................................$___

To help other animals at the LA/SPCA, please donate today: $____

As a 501(c)3 charity, tax laws require us to notify you that this letter is the official acknowledgment of your gift. Our Federal Tax ID number is 72-0471368

**Clinic Use Only:**

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>EXAM COMPLETED</th>
<th>DSC AND REASON</th>
<th>TOTAL</th>
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<tr>
<td></td>
<td>VISUAL ONLY</td>
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<td>TEMP</td>
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<td>DECLINED</td>
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PAID BY:  □ CASH  □ CHECK #________ □ OTHER________

RECEIVED BY: 
**Spay/Neuter Questionnaire & Consent Form**

**Patient Name** ________________  **Age** ______  **Wt** ______  **Sedation Time** ______

**MEDICATIONS:**
- KDT: _____________ mls IM
- Pen-G: _____________ mls SQ
- Metacam: _____________ mls SQ
- Antisedan: _____________ mls IM
- Ace: _____________ mls IM
- Advantage: _____________ amt applied
- Other: _____________

**Noted Concerns:**
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

**□ POST-OP MEDS:**
- □ RX: Metacam (1.5mg/mL): Give _____ml PO every 24 hours for the next ____ days after meal. Start tomorrow morning. Discontinue if vomiting, diarrhea, inappetance, or dark stool occurs.
- □ RX:

**Vaccine/Microchip Stickers:**

**Heartworm Test Results:**
- □ POSITIVE  □ Below Detectable Limits

**Station:**  | **DT** | **Pre-Prep** | **Post-Prep** | **Recovery**
---|---|---|---|---
**Time:** | | | | |
**HR:** | | | | |
**Resp: Y/N** | | | | |
**MM:** | | | | |
**CRT:** | | | | |

**Bloodwork_____**  
- Rabies_____  
- DHPP_____  
- Bordetella_____  
- Lepto_____  
- HW Test_____  
- Microchip_____  
- Nail Trim_____  
- Ear Cleaning_____  
- SQ Fluids_____  
- Flea TX_____  
- Anal Glands_____  
- Pedicure_____  

**Time** | **Post-OP Temp**
---|---

**Skipped for office personnel:**

- Did your pet eat this morning?  Yes □  No □
- How long have you had your pet?  ___________
- Where did you get your pet?  ___________
- Has your pet ever received vaccines?  Yes □  No □
Any history of reactions to any vaccines or other medications in the past?  
Yes □  No □

If yes, please explain

Has your pet received flea prevention and/or heartworm prevention within the last 30 days?  
Yes □  No □

If yes, what was given and when?

Has your pet been on any other medications in the last 30 days?  
Yes □  No □

If yes, what was given and when was it given?

Has your pet been injured, had surgery, or have a pre-existing medical condition?  
Yes □  No □

If yes please explain?

Female Dogs Only:

What was the date of your pet’s last heat?  
What was the date of your pet’s last pregnancy?

Pre-anesthetic bloodwork is required for all patients 7 years of age or older, but is available to all owned animals for an additional $40 (this additional service may be selected on the front page). Although surgery and anesthesia protocols today are very safe, some risks still exist. By performing physical examination and conducting simple tests before putting your pet under anesthesia, your veterinarian can further minimize these risks. If you elect to have pre-anesthetic bloodwork done, an in-house blood chemistry diagnostic panel can be performed on the day of surgery. This panel looks at 14 values and can give us a glimpse at your pet’s liver function, kidney function, hydration, electrolytes, sugar levels, and protein levels. However, this panel does not provide a complete blood count or evaluation of clotting function, as these diagnostic tests must be performed the day before your pet’s surgery appointment. If you would like a diagnostic tests for a complete blood count or evaluation of clotting function, please schedule an appointment with our wellness team prior to scheduling your pet’s surgery appointment.

I decline pre-anesthetic blood work and wish to proceed with my pet’s anesthetic procedure.  
_____________ (initial)

I authorize diagnostics and/or treatment up to $50 of any minor medical conditions found during physical exam, i.e. baby tooth removal, skin scrape, antibiotics, additional pain meds, deworming, etc.  
Yes □  No □

Sterilization surgeries and elective procedures are performed by qualified veterinarians using approved materials. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery and anesthesia. Carefully read and understand the following before signing your name.

AUTHORIZATION TO PERFORM SURGERY: I, acting as owner or agent of the animal, hereby request and authorize The Louisiana SPCA, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of this animal.

PREGNANCY: I understand that if my animal is pregnant, the pregnancy will be terminated at surgery and there will be a $75 additional fee.

RISK OF SURGERY: I understand that there is some risk in the procedure and in the use of anesthetics and drugs in providing this service. These risks include but are not limited to infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise and death.

FACTORS THAT INCREASE RISK: I understand that some factors significantly increase surgical risk, including but not limited to: age, pre-existing medical conditions, pregnancy, currently in heat and diseases such as FIV, Feline Leukemia and heartworms.

UMBILICAL HERNIA REPAIR: I understand that if my animal has an open umbilical hernia, it may be repaired at time of surgery for a fee of $25.

CRYPTORCHID (undescended testicle): I understand that if my animal is cryptorchid, there will be an additional surgical procedure, incision, and fee of $25 due at pick-up.

TATTOO/SHAVED TOE/IV CATHETER: I understand that my animal will receive a small tattoo, near the incision site, to show that he/she is sterilized. Feral cats will receive ear tip in place of tattoo. Toe may be shaved to place monitoring device on CATS during procedure. IV catheter may be placed to administer IV fluids.

VACCINATION STATUS: I certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to my choice not to vaccinate.

FRACIOUS AND/OR AGGRESSIVE PETS: I understand that if my animal is too fractious/aggressive to receive a pre-op physical exam, I authorize and consent to proceeding with spay/neuter without a pre-op physical exam

FAILURE TO PICK-UP ANIMAL: I understand that if I do not retrieve my pet at the agreed upon time that the LA/SPCA will exercise its right to turn the animal over to the nearest animal control agency and/or charge appropriate boarding fees.

RELEASE OF LIABILITY: I hereby release The Louisiana SPCA and all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the performance of this procedure. I agree that I have not and will not claim any right of compensation from the LA/SPCA.

Patient (Pet) Name _____________________________________  Owner/Agent Printed Name ____________________________________

Owner/Agent Signature ___________________________________  Date ____________________________

____________________________________________________