

Owner  
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ IL Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you want a Microchip?  
 Already microchipped  Brought chip  Yes  No

Has your pet had anything to eat today?  Yes  No

Would you like the anti-nausea meds?  Yes  No

Do you want an E Collar/Cone? (will prevent pet from licking or chewing stitches)  Yes  No

I understand that any retained baby teeth (haven't fallen out) can be removed (\$20), an umbilical hernia can be repaired (\$75) and an inguinal hernia (\$150) while the animal is under going surgery with consent. If it is not removed/repared, you may elect to have it done at your primary veterinarian as a separate procedure.

Initial Consent \_\_\_\_\_

I understand I am financially responsible for any and all medical conditions found at the time of surgery and require treatment in order to complete the requested surgery successfully (IE: uterine infection, etc...)

Initial Consent \_\_\_\_\_

Has you pet had any prior medical conditions? If yes, please explain

\_\_\_\_\_

Date: \_\_\_\_\_

Pet's Name \_\_\_\_\_

Age or Birthdate \_\_\_\_\_

DOG CAT Male Female

Color \_\_\_\_\_

Breed \_\_\_\_\_

In-house blood work allows the veterinarian to assess your pet's overall health, ensuring that your pet is a good candidate for anesthesia. Pre-surgical blood work is highly recommended but not required for pets under 5 years of age. Would you like Blood work?  
YES \_\_\_\_\_ NO \_\_\_\_\_

#### **SURGICAL CONSENT WAIVER**

SNIP Society, NFP 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 SNIP Society ,NFP 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 SNIP Society ,NFP 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 \_\_\_\_\_



Weight:	
<input type="radio"/> Spay <input type="radio"/> Neuter	
<input type="radio"/> Rabies 1 YR 3 YR	
<input type="radio"/> County Tag #	
<input type="radio"/> Distemper / FVRCP	
<input type="radio"/> Lepto	
<input type="radio"/> Bordetella	
<input type="radio"/> Lyme	
<input type="radio"/> Microchip	
<input type="radio"/> Heartworm Test	
<input type="radio"/> Combo Test	
<input type="radio"/> Retained Teeth	
<input type="radio"/> Hernia Repair	
<input type="radio"/> Pain Meds	
<input type="radio"/> Heartworm Prevention	
<input type="radio"/> Flea/Tick Prevention	
<input type="radio"/> Anti-Nausea Meds	
NOTES:	TOTAL
	CASH
	CREDIT

UNE  S.S.  DIS  S.A.