

Owner
Name _____

Address _____

City _____ IL Zip _____

County _____

Phone _____

Email _____

Do you want a Microchip? (\$25)
 Already microchipped Brought chip Yes No

Has your pet had anything to eat today? Yes No

Any injuries or prior medical conditions? Yes No

Do you want an E Collar/Cone? (\$15)
(will prevent pet from licking or chewing stitches) Yes No

I understand that any retained baby teeth (haven't fallen out) can be removed (\$15) and any hernia can be repaired (\$65) 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 _____

I understand that if I do not pick up my animal by 5:30 pm, that I will be charged an additional late fee of \$1 per minute.

I understand policy _____

Date: _____

Pet's
Name _____

Age or Birthdate _____

DOG CAT Male Female

Color _____

Breed _____

Would you like post-op pain meds?

Yes No

Would you like post-op nausea meds?

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

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