



Spay/Neuter Surgery

Your pet is here for a spay/neuter. Please complete all questions on this form.

Place Label Here	What procedure is your pet here for today?
	<input type="checkbox"/> Spay (F) <input type="checkbox"/> Neuter (M) <input type="checkbox"/> Other: _____
	If pregnant or in heat, do you still want to continue with spay?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if in heat
	Has your pet eaten any food or treats today?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what time: _____ AM PM	
Would you like a complimentary nail trim during the procedure? (FREE)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your pet on any medications and when did you last administer meds?	
<p>Pre-Anesthetic Blood Panel: We highly recommend having blood work performed prior to anesthesia. This gives us information regarding your pet's overall health, gives us a baseline of normal values to compare to in the future, and helps detect early signs of disease such as diabetes or kidney issues. If there is a concern moving forward with surgery, we will contact you with results first.</p>	
Would you like a pre-anesthetic blood panel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>CATS ONLY: FELV/FIV are two immunosuppressive, highly contagious, viruses spread from cat to cat or mother to kitten. We highly recommend testing prior to surgery, results will be available at pick up.</p>	
Would you like your cat tested today?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already Tested <i>Circle One: Positive or Negative</i>
<p>Vaccinations: If your pet is due for vaccinations, we can administer while in the clinic. If records are not provided at the time of drop off or before, and yes the following are administered. Dogs: Dapp, Rabies, Lepto // Cats: FVRCP-Leuk, Rabies</p>	
Would you like any due vaccinations updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Microchip: A microchip carries a unique identification number, and is roughly the size of a grain of rice. When the microchip is scanned by a vet or shelter, it transmits the ID number, which, when registered, will link to your information. The cost includes online registration to be completed by the owner.</p>	
Would you like a microchip placed today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>E-collar: To protect the incision, we recommend your pet wears an Elizabethan collar (E-collar) during recovery. These are the most effective protection and limit follow up or emergency visits which could result in unexpected costs.</p> <p style="text-align: center;">My pet will be sent home with an E-Collar.</p>	
<p>Personal Wishes: It's very important for our staff to know how to immediately respond to an unexpected and potentially life-threatening situation. In the event of cardiac or respiratory failure,</p>	
	<input type="checkbox"/> No, I do NOT wish for resuscitation efforts to be performed on my pet. (DNR)
	<input type="checkbox"/> Yes, I wish to have any/all efforts at resuscitation performed. Techniques may include (but are not limited to) basic CPR, IV medications, ventilations, and/or surgical techniques. I realize that additional costs may be incurred and I agree to pay these costs in full during time of treatment.
Please Initial	<p>Sedation or general anesthesia will be required. I understand that my pet's procedure may require general anesthesia and /or sedation. All precautions will be taken to ensure the safety of my pet. However, I have been informed of the possible risks associated with anesthesia / sedation, and that I am responsible for associated charges. I officially release Valley Veterinary Clinic of any liability pertaining to this procedure (before, during, or after surgery).</p>

Client Signature: _____ Date: _____

Printed Name: _____ Phone: _____