

**SNIP Regional Spay/Neuter Clinic  
(704) 799-SNIP (7647)**

Animal ID N<sup>o</sup>

Date of Surgery

**Admission Form**

Your first name  Your last name  Your pet's name  Pet's age or DOB

Cat  Dog  Male  Female Has your pet had a litter?  Y  N Approximate weight of pet

Pet's color(s)  Pet's breed

Address  City  State  ZIP

Home phone with area code  Work phone with area code  Cell phone with area code

Does your pet have any health problems? \_\_\_\_\_

Is your pet taking any medication, including anything over the counter, ear, eye or skin meds? \_\_\_\_\_

**SNIP Regional Spay/Neuter Clinic uses qualified staffing and approved materials for all procedures performed. 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. Carefully read and understand the following before signing your name.**

I, acting as owner or agent of the pet named above, hereby request and authorize SNIP Regional Spay/Neuter Clinic, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. Please note extra fees may occur due to complications during surgery.

I either 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, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

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 such failure.

I certify that my animal is in good health and has had no food since 10:00 p.m. the evening prior to surgery.

I understand that SNIP Regional Spay/Neuter Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk.

I understand that SNIP Regional Spay/Neuter Clinic may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinarian.

I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery at an additional charge of \$35.

I understand that if I don't retrieve my pet at the agreed upon time that SNIP Regional Spay/Neuter Clinic will exercise its right to either turn the animal over to the nearest humane society or dispose of as deemed just and proper as allowed by the State of North Carolina under G.S 90-187.7(a). Owners of pets left after the agreed date shall be charged a boarding fee of no less than \$10 per night.

I hereby release the SNIP Regional Spay/Neuter Clinic all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/ agent hereby agrees to indemnify and hold SNIP Regional Spay/Neuter Clinic harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God. Please Note: no refunds given.

**YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.**

Requested Feline Vaccines and Services

- Feline Leukemia Vaccine
- Feline Distemper Vaccine
- Rabies Vaccine  1yr  3yr
- Microchip
- Hernia Repair
- Nail Trim-Free
- Felv/FIV Test
- Ear Tip (ferals only)

Requested Canine Vaccines and Services

- Canine Distemper/Parvo Vaccine
- Kennel Cough Vaccine
- Rabies Vaccine  1yr  3yr
- Microchip
- Hernia Repair
- Nail Trim-Free
- Heart Worm Test
- NEAT

I HAVE PROOF OF CURRENT RABIES VACCINATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**Post-Operative Instructions**

Your first name  Your last name  Your pet's name  Pet's age or DOB

Cat  Dog  Male  Female Has your pet had a litter?  Y  N Approximate weight of pet

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**POST-OPERATIVE INSTRUCTIONS**

1. No running, jumping, playing, swimming or other strenuous activity for 7 to 10 days. Keep your pet quiet. Pets must be kept indoors where they can stay clean, dry and warm. No baths during the recovery period. Dogs must be walked on a leash and cats kept indoors.
2. Check the incision site twice daily. There should be no drainage. Redness and swelling should be minimal. Do not allow your pet to lick or chew at the incision. If this occurs, an Elizabethan collar **MUST** be applied to prevent
3. Appetite should return gradually within 24 hours of surgery. Lethargy lasting for more than 24 hours post-op, diarrhea, or vomiting are not normal and your pet should be taken to your regular veterinarian. Dogs may have a slight cough for a few days after surgery.
4. Do not change your pet's diet at this time and do not give junk food, table scraps, milk or any other people food during the recovery period. This could mask post-surgical complications.
5. If your pet is a male dog, he may have received a post-operative anti-inflammatory injection.
6. We recommend your pet receive a post-operative examination with your regular veterinarian 7 to 10 days after surgery. Have the incision checked for complete healing, to remove any skin sutures, and to discuss additional needs, follow-up care and vaccination boosters.
7. If there are any questions or concerns directly related to the surgery during the recovery period, please call this office at (704) 799-7647. If there is an emergency after hours, contact your regular veterinarian or After-Hours Emergency Veterinary Clinic (704) 949-1100.
8. **YOUR PET RECEIVED A BLUE TATTOO. THIS TATTOO IS A SCORING PROCESS IN THE SKIN; IT IS NOT AN EXTRA INCISION.**

SNIP will treat at our clinic, at minimal cost, any post-op complications resulting directly from the surgery, if the above post-op instructions are followed in full. Your regular veterinarian must address illnesses or injuries that are not a direct result of surgery. Please call for an appointment as soon as you see cause for concern. We cannot be held responsible for complications resulting from failure to follow post-op instructions, or for contagious diseases for which the animal was not previously properly vaccinated.

<input type="checkbox"/> Spay	Ovariohysterectomy – unless otherwise noted, there are no sutures to remove	<input type="checkbox"/> E. Broome, DVM
<input type="checkbox"/> Neuter	Castration – unless otherwise noted, there are no sutures to remove	<input type="checkbox"/> V. Love, DVM
<input type="checkbox"/> Already Neutered	Please contact this clinic if you notice signs of undescended testicles	Vet. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>
<input type="checkbox"/> Already Spayed	Please contact this clinic if you notice signs of heat	
<input type="checkbox"/> In Heat	Please keep away from intact males for at least two weeks	
<input type="checkbox"/> Pregnant	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 trimester	
<input type="checkbox"/> Cryptorchid	Un-descended testicle(s), your pet may have two incisions	
<input type="checkbox"/> HW Test	<input type="checkbox"/> -neg <input type="checkbox"/> +pos	
<input type="checkbox"/> FELV/FIV Test	<input type="checkbox"/> -neg <input type="checkbox"/> FELV+pos <input type="checkbox"/> FIV+pos	

For safe flea control, our veterinarians recommend *Frontline* or *Advantage*. Over the counter flea and tick treatments and collars are ineffective and may be harmful to your pet

Weight

Lbs.

Please see your regular veterinarian to address the following concerns about your pet:

Over/Underweight  Ear Concerns  Skin Abnormalities  Tapeworms  Dental Concerns  Fleas/Ticks

Please give medications as directed.  Other   Please return in 10 days to have staples removed.

Our veterinarians recommend that you establish a wellness program for your pet with a regular, full-service veterinarian.

Your pet received these vaccinations/services today:

<input type="checkbox"/> DA <sub>2</sub> LPPv + Corona	<input type="checkbox"/> Bordetella	<input type="checkbox"/> FVRCP	<input type="checkbox"/> FELV	<input type="checkbox"/> 1 Year Rabies	<input type="checkbox"/> 3 Year Rabies
<input type="checkbox"/> DA <sub>2</sub> PPv	<input type="checkbox"/> FVRCP/FELV	<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Ear Tip	<input type="checkbox"/> Hernia Repair	<input type="checkbox"/> Other

<b>Requested Feline Vaccines and Services</b>			<b>Requested Canine Vaccines and Services</b>		
<input type="checkbox"/> Feline Leukemia Vaccine	<input type="checkbox"/> Hernia Repair	<input type="checkbox"/> Canine Distemper/Parvo Vaccine	<input type="checkbox"/> Feline Distemper Vaccine	<input type="checkbox"/> Nail Trim-Free	<input type="checkbox"/> Heart Worm Test
<input type="checkbox"/> Rabies Vaccine <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr	<input type="checkbox"/> Felv/FIV Test	<input type="checkbox"/> Rabies Vaccine <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr	<input type="checkbox"/> Microchip	<input type="checkbox"/> NEAT <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>	
<input type="checkbox"/> Microchip	<input type="checkbox"/> Ear Tip (ferals only)				

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## Treatment Care

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<input type="checkbox"/> cc Ace SQ IM	<input type="checkbox"/> cc Atropine SQ IV IT	<input type="checkbox"/> cc Pro Pen G SQ	<input type="checkbox"/> cc Euthasol IV IC IP	<input type="checkbox"/> cc Diazepam IM/IV
<input type="checkbox"/> cc Dexamethasone 4mg SQ/IV	<input type="checkbox"/> cc Buprinorphine IM	<input type="checkbox"/> cc Butorphanol SQ IV	<input type="checkbox"/> cc Dopram IV/IM	<input type="checkbox"/> cc Propofol IV
<input type="checkbox"/> cc Dexamethasone 2mg SQ/IV	<input type="checkbox"/> cc Epinephrine IV IC	<input type="checkbox"/> cc Furosemide IV	<input type="checkbox"/> cc Morphine IM	<input type="checkbox"/> cc Ketamine IM/IV
<input type="checkbox"/> cc Dilute Ace 1/2 mg/ml SQ IM	<input type="checkbox"/> Other _____	<input type="checkbox"/> cc Telazol IV IM	<input type="checkbox"/> cc mL LRS/Saline/Normalosol IV SQ	<input type="checkbox"/> cc Vitamin B SQ

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

R<sub>x</sub>

<input type="checkbox"/> OHE	<input type="checkbox"/> Pre-scrotal	<input type="checkbox"/> Scrotal	<input type="checkbox"/> Exploratory	<input type="checkbox"/> Pyometra	<input type="checkbox"/> Cystic Ovaries	<input type="checkbox"/> Endometriosis	<input type="checkbox"/> E. Broome, DVM
<input type="checkbox"/> Neuter	<input type="checkbox"/> Scar		<input type="checkbox"/> Skin Staples	<input type="checkbox"/> Hydrometra	<input type="checkbox"/> Salpingitis	<input type="checkbox"/> IV Cath	<input type="checkbox"/> V. Love, DVM
<input type="checkbox"/> ABN	<input type="checkbox"/> Tattoo		<input type="checkbox"/> Skin Sutures	<input type="checkbox"/> Postpartum	<input type="checkbox"/> Fractious		Vet. _____
<input type="checkbox"/> ABS			<input type="checkbox"/> Fatty	<input type="checkbox"/> Friable	<input type="checkbox"/> Mastitis		
<input type="checkbox"/> In Heat			<input type="checkbox"/> Other _____				
<input type="checkbox"/> Pregnant							
<input type="checkbox"/> Cryptorchid (Abdominal/SQ)							

Weight

  
  

Lbs.

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Requested Feline Vaccines and Services			Requested Canine Vaccines and Services		
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<input type="checkbox"/> Feline Distemper Vaccine	<input type="checkbox"/> Nail Trim-Free	<input type="checkbox"/> Ear Tip (ferals only)	<input type="checkbox"/> Kennel Cough Vaccine	<input type="checkbox"/> Nail Trim-Free	
<input type="checkbox"/> Rabies Vaccine <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr	<input type="checkbox"/> Felv/FIV Test		<input type="checkbox"/> Rabies Vaccine <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr	<input type="checkbox"/> Heart Worm Test	

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