

## SPAY/ NEUTER FELINE ADMISSION FORM

OWNER'S FIRST NAME		OWNER'S LAST NAME		DATE	
PET'S NAME		PET'S AGE	BREED / COLOR		PET'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS			CITY	STATE	ZIP
PRIMARY PHONE	ALTERNATE PHONE		EMAIL ADDRESS		

**Please check off services below: \_\_\_\_\_ Fees: \_\_\_\_\_ Clinic Use: \_\_\_\_\_**

- Spay or Neuter.....(discount \$\_\_\_\_).....\$ 50 \_\_\_\_\_
- Pre-Op Bloodwork **(Required for any pet 7 years and older)** .....\$ 35 \_\_\_\_\_
- Cat Vaccination Package.....\$ 30 \_\_\_\_\_
  - Includes Exam, SNAP Test; FVRCP; Rabies vaccine
- **Orleans Parish Tag (Required)**.....\$10 \_\_\_\_\_
- **Jefferson Parish Tag (Required)**.....\$15 \_\_\_\_\_
- **St. Bernard Parish Tag (Required)**.....\$5 \_\_\_\_\_
- **Other Parishes may purchase optional Orleans rabies tag**.....\$10 \_\_\_\_\_
- Microchip .....\$15 \_\_\_\_\_
- Rabies Vaccination **Plus tag and license fees of parish**.....\$10 \_\_\_\_\_
- Feline Leukemia Vaccine (recommended for outside cats).....\$15 \_\_\_\_\_
  - Snap test required or booster of previous vaccine
- SNAP Test: Feline Leukemia and FIV.....\$15 \_\_\_\_\_
- Feline Core Vaccine (FVRCP) .....\$10 \_\_\_\_\_
  - Feline viral rhinotracheitis, calicivirus, panleukopenia
- Single Dose Flea Treatment **(one month topical treatment applied during surgery)**.....\$10 \_\_\_\_\_
- Nail Trim... .....\$5 \_\_\_\_\_
- Ear Cleaning.....\$5 \_\_\_\_\_
- 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:**

WEIGHT	EXAM COMPLETED € DECLINED €	DSC AND REASON	TOTAL
TEMP	ANIMAL ID	PAID BY <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> OTHER _____	RECEIVED BY

Patient Name & Age \_\_\_\_\_ Weight \_\_\_\_\_ Sedation Time \_\_\_\_\_ TREATMENT FORM (clinic use only)

MEDICATIONS:

KDT: \_\_\_\_\_ mls IM

Pen-G: \_\_\_\_\_ mls SQ

Metacam: \_\_\_\_\_ mls SQ

Antisedan: \_\_\_\_\_ mls IM

Other:

OHE (Spay)

- |  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Neuter          | <input type="checkbox"/> Prescrotal | <input type="checkbox"/> Scrotal   |
| <input type="checkbox"/> Already Altered | <input type="checkbox"/> Female     | <input type="checkbox"/> Male      |
| <input type="checkbox"/> In Heat         |                                     |                                    |
| <input type="checkbox"/> Pregnant        | X _____                             | <input type="checkbox"/> Lactating |
| <input type="checkbox"/> Cryptorchid     | <input type="checkbox"/> Inguinal   | <input type="checkbox"/> SQ        |
|  | <input type="checkbox"/> Unilateral | R or L                             |
| <input type="checkbox"/> Hernia Repair   | <input type="checkbox"/> Inguinal   | <input type="checkbox"/> Abdominal |
|  |                                     | <input type="checkbox"/> Bilateral |
|  |                                     | <input type="checkbox"/> Umbilical |

Dr. \_\_\_\_\_

Noted Concerns:

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Vaccine/Microchip Stickers:

FeLv Test Results (cats)

FIV Test Results (cats):

- POSITIVE     Negative     POSITIVE     Negative

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

- Bloodwork\_\_
- Rabies\_\_
- FVRCP\_\_
- FeLeuk\_\_
- Snap Test\_\_
- Microchip\_\_
- Ear Cleaning\_\_
- Flea TX\_\_
- Nail Trim\_\_
- E-collar\_\_
- \_\_\_\_\_

Time	Post-OP Temp

# Spay/Neuter Questionnaire & Consent Form

Did your pet eat this morning? **Yes**  **No**  Has your pet ever received vaccines? **Yes**  **No**   
How long have you had your pet? \_\_\_\_\_ Where did you get your pet? \_\_\_\_\_

Any history of reactions to any vaccines or other medications in the past? **Yes**  **No**

If yes, 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, have a pre-existing medical condition? **Yes**  **No**

If yes please explain? \_\_\_\_\_

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**

## **Female Cats Only**

What was the date of your pet's last heat? \_\_\_\_\_ What was the date of your pet's last pregnancy? \_\_\_\_\_

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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.

**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.

**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.

**FRACTIOUS 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.

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**Patient (Pet) Name**

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**Owner/Agent Printed Name**

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**Date**

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**Owner/Agent Signature**

