

Patient Name & Age _____

TREATMENT FORM

Weight _____

Sedation Time _____

MEDICATIONS:

KDT: _____ mls IM

Pen-G: _____ mls SQ

Metacam: _____ mls SQ

Antisedan: _____ mls IM

Other:

OHE (Spay)

Neuter

Prescrotal

Scrotal

Already Altered

Female

Male

In Heat

Pregnant

X _____

Lactating

Cryptorchid

Inguinal

SQ

Abdominal

Unilateral

R or L

Bilateral

Hernia Repair

Inguinal

Umbilical

Dr. _____

Noted Concerns:

Vaccine/Microchip Stickers:

Heartworm Test Results:

POSITIVE Below Detectable Limits

FelV Test Results (cats)

POSITIVE Negative

FIV Test Results (cats):

POSITIVE Negative

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

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? _____

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.

Patient (Pet) Name

Owner/Agent Printed Name

Date

Owner/Agent Signature



FIV/FelV/HW test Consent

*(Select an option **ONLY** if your cat is being tested)*

1 in 20 cats will test positive for Feline Immunodeficiency Virus (FIV), Feline Leukemia Virus (FeLV), or Feline Heartworm Disease. **All 3 infections are life threatening for felines.** FeLV infections can be spread by casual contact among cats (such as mutual grooming, sharing bowls, etc). FeLV and FIV can be transmitted by fighting, biting and mating. There is no cure for FIV or FeLV; however, if negative there is a FeLV vaccine available.

Heartworms are spread by mosquitos and even indoor cats are at risk. Heartworm disease is virtually 100% preventable through the use of monthly heartworm preventives. Heartworm disease is NOT contagious but there is no treatment for cats at this time.

I, acting as owner and/or agent of the cat named below, hereby request and authorize the LA/SPCA to perform FIV/FelV/HW testing. In the event of a **POSITIVE** test result, I select and authorize the following option to be carried out by the LA/SPCA staff:

If my cat is positive for FIV:

- Perform spay/neuter _____
- DO NOT spay/neuter, return the cat unaltered _____
- Humanely euthanize pet _____

If my cat is positive for Heartworms:

- Perform spay/neuter _____
- DO NOT spay/neuter, return the cat unaltered _____
- Humanely euthanize pet _____

If my cat is positive for FeLV:

- Perform spay/neuter _____
- DO NOT spay/neuter, return the cat unaltered _____
- Humanely euthanize pet _____

If my cat is positive for any of the above:

- Perform spay/neuter _____
- DO NOT spay/neuter, return the cat unaltered _____
- Humanely euthanize pet _____

Patient Name _____

Date _____

Owner/Agent Printed Name _____

Owner/Agent Signature _____