



Louisiana SPCA Community Clinic
 1700 Mardi Gras Blvd. New Orleans, LA 70114
 Phone (504) 363-1333, E-mail info@la-sPCA.org

Animal ID# _____

SPAY/NEUTER ADMISSION FORM

OWNER'S FIRST NAME		OWNER'S LAST NAME		DATE
ADDRESS			CITY	STATE
***PRIMARY PHONE		ALTERNATE PHONE	***EMAIL ADDRESS	

***Please make sure the primary phone is one you will answer today if we have any questions or concerns. Please include your current email address in case we need to email any medical records or post op instructions for your pet.

PET'S NAME		PET'S AGE	PET'S BREED and COLOR	PET'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOW LONG HAVE YOU HAD YOUR PET?	WHERE DID YOU GET YOUR PET?		WHEN DID YOUR PET EAT LAST? <input type="checkbox"/> THIS MORNING (ANY TIME AFTER MIDNIGHT) <input type="checkbox"/> YESTERDAY (ANYTIME BEFORE MIDNIGHT)	
WHERE DOES YOUR PET SPEND MAJORITY OF HIS/HER TIME? <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR		HAS YOUR PET BEEN DECLINED FROM SURGERY IN THE PAST? <input type="checkbox"/> NO <input type="checkbox"/> YES, PLEASE DESCRIBE: _____		

WHO IS YOUR PET'S PRIMARY CARE VETERINARIAN OR CLINIC NAME? _____

WHAT IS THE DATE OF YOUR PET'S LAST VACCINES/CHECK UP? _____ HAS NOT BEEN TO A VET WHILE IN MY CARE

CHECK ALL MEDICAL/HEALTH CONDITIONS THAT APPLY TO YOUR PET IN THE LAST 30 DAYS:
 NONE COUGHING SNEEZING VOMITING DIARRHEA LETHARGY ABNORMAL APPETITE/DRINKING OTHER
PLEASE DESCRIBE ANY CHECKED CONDITION IN DETAIL: _____

HAS YOUR PET HAD ANY PREVIOUS SURGERIES, INJURIES, PRE-EXISTING MEDICAL CONDITIONS INCLUDING PREVIOUS SEIZURES?
 NO YES, PLEASE DESCRIBE: _____

HAS YOUR PET HAD ANY REACTIONS TO VACCINES OR OTHER MEDICATIONS IN THE PAST?
 NO YES, PLEASE DESCRIBE _____

IS YOUR PET HEARTWORM POSITIVE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	WHAT IS THE DATE OF YOUR PET'S LAST HEARTWORM PREVENTION?	WHAT HEARTWORM PREVENTION WAS GIVEN?
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IS YOUR PET ON ANY OTHER MEDICATIONS OR HAD ANY INJECTIONS IN THE LAST 30 DAYS? THIS INCLUDES FLEA/TICK TREATMENTS, INSULIN, THYROID, STERIODS, PAIN MEDICATION, OR ANYTHING OVER THE COUNTER GIVEN.
 NO YES PLEASE LIST ALL MEDICATIONS INCLUDING LAST DATE GIVEN TO ANIMAL: _____

FOR FEMALE PETS:
DATE OF YOUR PET'S LAST HEAT: _____
HAS YOUR PET EVER BEEN PREGNANT? NO YES, DATE OF PREGNANCY: _____

PET'S NAME _____ OWNER'S LAST NAME _____

CANINE SERVICES (INITIAL EACH LINE NEEDED)

- _____ SPAY OR NEUTER **LESS THAN 35 POUNDS** \$120
- _____ SPAY OR NEUTER **OVER 35 POUNDS** \$140
- _____ SPAY OR NEUTER **OVER 90 POUNDS** \$180
- _____ PRE-OP BLOODWORK \$50
(REQUIRED FOR PETS 7 YEARS & OLDER, RECOMMENDED FOR ALL)
- _____ SUBCUTANEOUS FLUIDS \$20
- _____ ANNUAL CANINE VACCINATION PACKAGE \$60
(INCLUDES AN EXAM, DHPP, BORDETELLA, RABIES, & HEARTWORM TEST)
- _____ MICROCHIP \$20
- _____ RABIES VACCINE \$15
(PARISH TAG & LICENSE FEE SEPARATE -SEE BELOW)
- _____ DHPP VACCINE \$20
(DISTEMPER, PARVO, PARAINFLUENZA, HEPATITIS)
- _____ BORDETELLA VACCINE \$15
- _____ LEPTOSPIROSIS VACCINE \$15 (BOOSTER ONLY)
- _____ HEARTWORM TEST \$ 25
(REQUIRED TO PURCHASE PREVENTION, DOGS OVER 6 MONTHS OF AGE)
- _____ CAPSTAR® \$14.99 (SINGLE DOSE ADULT FLEA TREATMENT)
(MONTHLY FLEA PREVENTION STILL NEEDS TO BE PURCHASED)
- _____ NAIL TRIM \$10
- _____ E-COLLAR \$14.99 (The "CONE")

FELINE SERVICES (INITIAL EACH LINE NEEDED)

- _____ FELINE SPAY OR NEUTER \$80
- _____ PRE-OP BLOODWORK \$50
(REQUIRED FOR PETS 7 YEARS & OLDER, RECOMMENDED FOR ALL)
- _____ SUBCUTANEOUS FLUIDS \$20
- _____ ANNUAL FELINE VACCINATION PACKAGE \$60
(INCLUDES EXAM, SNAP TEST, FVCRP, AND RABIES VACCINE)
- _____ MICROCHIP \$20
- _____ RABIES VACCINE \$15
(PARISH TAG & LICENSE FEE SEPARATE -SEE BELOW)
- _____ FVRCP VACCINE \$15
(FELINE VIRAL RHINOTRACHEITIS, CALCIVIRUS, PANLEUKOPENIA)
- _____ FELINE LEUKEMIA VACCINE \$25
(SNAP TEST REQUIRED TO RECEIVE, RECOMMENDED FOR OUTDOOR CATS AND REQUIRES A BOOSTER VACCINE IN 3-4 WEEKS IF FIRST TIME RECEIVING)
- _____ FELINE TRIPLE SNAP TEST \$30
(TESTS FOR FELINE LEUKEMIA VIRUS, FIV, HEARTWORMS)
- _____ CAPSTAR® \$14.99 (SINGLE DOSE ADULT FLEA TREATMENT)
(MONTHLY FLEA PREVENTION STILL NEEDS TO BE PURCHASED)
- _____ NAIL TRIM \$10
- _____ E-COLLAR \$14.99 (The "CONE")
- _____ CARDBOARD CARRIER \$15

RABIES TAG REQUIRED BY LAW (CHECK YOUR PARISH)

- ORLEANS \$10 JEFFERSON \$20
- ST. BERNARD \$5 PLAQUEMINES \$10
- OTHER PARISHES MAY PURCHASE AN OPTIONAL ORLEANS PARISH TAG \$10

ADDITIONAL NOTES:

TO HELP OTHER ANIMALS AT THE LA/SPCA, PLEASE DONATE TODAY:

- \$1 \$5 \$10 \$20 OTHER \$ _____ NONE

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.

PRE-ANESTHETIC BLOODWORK is required for all patients 7 years of age or older, but is available to all owned animals for an additional \$50 (this additional service may be selected on the front page). Although surgery and anesthesia protocols today are very safe, some risks still exist. By performing physical examination and conducting simple tests before putting your pet under anesthesia, your veterinarian can further minimize these risks. If you elect to have pre-anesthetic bloodwork done, an in-house blood chemistry diagnostic panel can be performed on the day of surgery. This panel looks at 14 values and can give us a glimpse at your pet's liver function, kidney function, hydration, electrolytes, sugar levels, and protein levels. However, this panel *does not* provide a complete blood count or evaluation of clotting function, as these diagnostic tests must be performed the day or two before your pet's surgery appointment. If you would like a diagnostic tests for a complete blood count or clotting function (ability to clot), please schedule an appointment with our wellness team prior to scheduling your pet's surgery appointment.

I decline pre-anesthetic blood work and wish to proceed with my pet's anesthetic procedure. _____ (initial)

I authorize diagnostics and/or treatment up to \$75 of any minor medical conditions found during physical exam, i.e. baby tooth removal, skin scrape, antibiotics, additional pain meds, deworming, etc. **Yes** **No**

Spay/Neuter Consent Form

Sterilization surgeries and other 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 initialing each line and signing your name for consent below.

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. The sterilization procedure will proceed regardless of the sex of the animal.

EMERGENCY SITUATION: If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent medical treatment, I consent that the attending veterinarian may perform such treatment, or transport the Animal to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me.

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 incision 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, cancer, pregnancy, currently in heat and diseases such as the immune suppressive FIV, Feline Leukemia, and life-threatening Heartworm Disease.

BRIEF EXAM: A brief/limited exam will be performed on non-fractious/aggressive animals prior to anesthesia to evaluate the animal for anesthesia and surgery. A full comprehensive exam with evaluation of any of your concerns you have will need to be scheduled with your regular veterinarian or our wellness department. If you have concerns that may result in an anesthetic or surgical complication, please have a full comprehensive examination done prior to rescheduling this surgical elective procedure.

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. I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the animal has already been sedated or anesthetized. I understand that the animal will not receive pre-anesthetic bloodwork.

PREGNANCY: I understand that if my animal is pregnant, the pregnancy will be terminated at surgery and there will be a **\$75** additional fee due a pick up.

UMBILICAL HERNIA REPAIR: I understand that if my animal has an open umbilical hernia, it may be repaired at time of surgery for a fee of **\$40** due at pick up.

UNDESCENDED TESTICLE(S): I understand that if my animal is cryptorchid, there will be an additional surgical procedure, incision, and fee of **\$30** due at pick-up.

FLEAS: I understand that if the animal is infested with fleas, Louisiana SPCA may, in its sole discretion, administer a flea product (including but not limited to Capstar®, which effects of treatment last 24 hours), to the animal. I agree to pay the **\$15** cost for this treatment when the animal is picked up or by phone prior if we call.

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. I understand that it takes up to two (2) weeks for vaccinations to protect the animal and waive my right to protect the animal by having it vaccinated at least two weeks prior to surgery.

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 (\$20 per night).

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. I understand & agree that the Louisiana SPCA shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the animal &/or any vaccinations to be given to the animal, & I hereby hold the Louisiana SPCA harmless from & against any & all liability & damages that may arise. I will take full responsibility, financial & otherwise, if the animal becomes ill. I hereby agree to indemnify & hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Louisiana SPCA shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters

I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE & THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & LOUISIANA SPCA, & (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Patient (Pet) Name _____

Owner/Agent Printed Name _____

Owner/Agent Signature _____

Date _____

SURGERY DISCHARGE: DOGS @ 3:45 PM and CATS @ 4:15 PM– late arrivals may incur a fee.

Please review DISCHARGE INSTRUCTIONS in your email or online before pick up of your pet in case you have any questions.

Clinic Use Only:

DSC AND REASON	TOTAL
PAID BY	RECEIVED
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CREDIT <input type="checkbox"/> Secured Link for Online Payment	BY

Pre-op Wgt: _____ Pre-op temp: _____ Pre-op exam completed by: _____ Visual by: _____ Declined by: _____

ARNO BlueTails Tomato Foster Club B.E.A.R

MEDICATIONS:

KDT: _____ mls IM # _____

maintained on O2/isoflurane

Pen-G: _____ mls IM

Meloxicam_{5mg/ml}: _____ mls SQ

Antisedan_{5mg/ml}: _____ mls IM

Acepromazine_{10mg/ml}: _____ mls IM

Cerenia: _____ ml SQ

Furosemide: _____ ml SQ

OTHER: _____

- Postpartum
- OHE (Spay)
- Friable
- Fatty
- Lactating
- In Heat
- Pregnant x _____
- Neuter
- Prescrotal
- Cryptorchid
- Inguinal
- Abdominal
- SQ R or L
- Umbilical Hernia Repair
- Already Altered
- Male Female

OHE: OP: _____
 UP: _____
 BW: _____
 SQ: _____
 ID: _____
 SA:

Neuter: CORD: _____
 SQ: _____
 ID: _____
 SA:

- Scrotal
- Incision left open for drainage
- Unilateral
- Bilateral

Dr. _____

Noted Concerns:

POST-OP MEDS:

- RX: Meloxicam (1.5mg/mL): Give _____ ml PO every 24 hours for the next _____ days after meal. Start tomorrow morning. Discontinue if vomiting, diarrhea, inappetence, or dark stool occurs. Vet: _____
- RX: _____

Please see your regular veterinarian to address the following concerns for your animal: Vet: _____

- Overweight Underweight Ear concerns Skin concerns Eye concerns Dental concerns
- Tapeworms/internal parasites Other: _____

Vaccine/Microchip Stickers:

BLOODWORK

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

Time	Post-OP Temp

Additional Services			
DOGS	CATS	Result/ Size/ Amt	Tech initials
Rabies	Rabies		
DHPP	FVRCP		
Bordetella	FeLV		
Lepto			
HW Test	Triple Test		
Microchip	Microchip		
Capstar	Capstar		
Nail Trim	Nail Trim		
SQ Fluids	SQ Fluids		
E-collar	E-collar		