Spay Neuter Save Network

Remote Clinic
Surgical Intake Form

Animal #:	Clinic Location:	Date:

Office Use Only

Owner: _____ **Cat Name:** _____

Phone: _____ **Sex:** Male ☐ Female ☐

Email: _____ **Breed:** DSH ☐ DMH ☐ DLH ☐

Address: _____ **Color:** _____

_____

*Cats under 3 lbs are subject to veterinary approval for surgery.

Services Provided (please check): Spay ☐ Neuter ☐ Vaccines: Rabies ☐ Distemper ☐

Flea Treat ☐ Ear Tip ☐ FIV/FeLV test ($40) ☐ Microchip ($35) ☐

As Needed, Other Services Provided may include treatment for tapeworms, earmites, infections, tooth extraction(s), wound cleaning.

Surgical Report

TBD Dose _____ IM **Convenia Dose** _____

Meloxicam Dose _____ **Cerenia Dose** _____

Antiseden Dose _____ **Praziquantel Dose** _____

Buprenorphine Dose _____ **Ivermectin Dose** _____

Depo-Medrol Dose _____ **Fluids** _____

Other Med _____ **Other Med** _____

Routine OHE w/o complication **Pregnant?** _____

Routine Castration w/o complication **Cryptorchid?** _____

Dental - Cleaning, Scaling, Polishing **Extractions:** In: Ca: Pm: Mo:

Doctor's notes, instructions, prescriptions: _____

_____

_____

_____

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History

When was the last time your pet had food or water? 12 hours? Other? _____

Does your pet have a previous medical history?

_____

_____

Is your pet currently on any medications?

_____

_____

Anesthesia Release / Consent to Treatment

I understand that my pet's procedure requires general anesthesia and / or sedation. All precautions will be taken to ensure the safety of my pet throughout the procedure(s) listed above.

I acknowledge that I have been informed of the possible risks associated with the procedure(s) listed above as well as any anesthesia / sedation or mediations / treatments required for said procedures. I have had any questions reguarding the above answered to my satisfactions and hereby consent to having the procedure(s) listed above performed on my pet by the veterinarians and staff at SNSN.

I also understand that any additional medications/treatments deemed necessary by the Veterinarians will be given to my pet and that I am responsible for all costs, and is payable the day of service.

Please initial next to your choice for resucitative efforts should an anesthetic and / or surgical complication arise during the procedure(s) listed above:

_____ I understand that the doctor(s) reserve the right to perform lifesaving efforts should complications arise and do wish that life-saving efforts be performed on my pet should the need arise.

_____ I DO NOT wish to have any life saving or resuscitative efforts performed on my pet should the need arise.

I officially release Dr. Bryan Langlois, Dr. Michelle Kaleta, the Spay Neuter Save Network and any of its employees from any liability pertaining to the procedure(s) listed above (before, during, or after surgery).

Printed Name: _____ Date: _____

Signature: _____