

Spay Neuter Assistance Program of North Carolina
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919-783-7627 info@snap-nc.org Snap-nc.org

SURGERY RELEASE FORM

Owner:
Address:

Patient:
Date of Birth:

Phone(s):
Email:

Breed:
Sex:
Color:

Main Reason for Admittance: **Sterilization Surgery**

I hereby authorize the veterinarians of The Spay Neuter Assistance Program of NC, its staff members, volunteers or agents to perform the procedures listed below for my pet _____. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there are inherent risks associated with anesthesia and surgery and this may include death. I understand that modern techniques and anesthesia will be used. SNAP-NC and its staff, volunteers and agents will not be held liable or responsible in any manner and I assume all risks. I further understand that so long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, the sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform a procedure for any reason. I understand that my pet may be identified with a permanent tattoo.

Initial _____

SNAP-NC recommends that pre-anesthetic blood tests be performed prior to the administration of anesthesia. I understand that SNAP-NC does not offer these services. These tests can help detect anemia, dehydration, diabetes, kidney disease and liver disease. All these conditions can contribute to complications in anesthesia and surgery. I have chosen not to visit another clinic to have these services performed.

Initial _____

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. All services must be paid in full when _____ is released. The basic surgical fee is due in cash or credit at the time of drop-off on the morning of surgery.

Initial _____

I agree to pick up my animal by the time designated as the discharge time on the date of surgery. Failure to pick up my pet by that time will result in late fees and/or boarding charges.

Initial _____

Patient: _____

Owner name: _____

I would like SNAP-NC to provide the following services:

(Initial)

Spay/Neuter (includes pain medicine injection)		_____
Distemper (FVRCP/DHPP) - No additional cost	n/a	_____
Rabies vaccination - No additional cost	n/a	_____
Feline Leukemia/Feline AIDS/HW test	\$25	_____
Feline Leukemia Vaccine (Cats)	\$15	_____
Frontline Application (Fleas and Ticks)	\$15	_____
ParaDefense Application (Fleas Only)	\$10	_____
Bravecto-3month Chewable Flea and Tick Prevention (Dogs)	\$45	_____
Heartworm Test (Dogs)	\$20	_____
Heartworm Prevention 6 month supply (Dogs)	\$35	_____
Microchip Implant (Free lifetime registration)	\$25	_____
Pain Medication to go home (male cat) Included w/ dogs and female cats	\$3	_____
Hard E-Collar (Cat or female dog) Included w/ male dogs	\$5	_____
Soft E-collar (Female Cats)	\$10	_____
Profender-Topical Dewormer (Cats)	\$15	_____
Virbanel Oral Dewormer for Dogs (\$7-\$20. Price varies based on weight)	\$	_____

Note: If your pet is heavily infested with fleas/ticks, your pet will be treated and you will be responsible for that cost. (\$5-\$15)	\$	_____
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Premium Dog Package - \$70 (\$85 value)

Heartworm Test, Heartworm Prevention (6-month supply), Dewormer, Frontline	\$70	_____
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Premium Cat Package - \$55 (\$70 value)

Feline Leukemia/AIDS/Heartworm Test, Feline Leukemia Vaccine, Dewormer, Frontline	\$55	_____
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Donate

Spay It Forward (Donate \$1 or more toward surgery for a pet of a low income family)	\$	_____
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New Mobile Unit Fundraiser (Donate towards the cost of our new mobile hospital)	\$	_____
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Total

\$

Medical History:

When was the last time you fed your pet?	
Within the last two weeks, has your pet exhibited: (Check One)	<input type="checkbox"/> Vomiting <input type="checkbox"/> Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Diarrhea
Has your pet ever had a seizure? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Has your pet ever given birth? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is your animal pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If female, when was your pet's last heat cycle?	
List any and all health problems that you are aware of, including any history of injury (such as being hit by a car):	
Has your pet ever been seen by a veterinarian? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has your pet ever had any vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has your pet ever had a reaction to any vaccines or medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
In the last two weeks, has your pet bitten anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
How long have you owned this pet?	
If a dog - is he/she on heartworm prevention? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what kind?
How did you hear about SNAP-NC?	

Owner's Signature: _____ **Date:** _____

Phone number(s) where you can be reached today: _____