

Spay Neuter Assistance Program of North Carolina
P. O. Box 278, New Hill, NC 27562
919-783-SNAP (7627)
www.snap-nc.org

SURGERY RELEASE FORM

Date:	Patient:
Owner:	Date of Birth:
Address:	Breed:
	Sex:
Phone(s):	Color:
Email Address: _____	

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. 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 understand that SNAP-NC does not offer these services, and 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. If I do not claim my pet with 24 hours, it will be deemed abandoned at which time I relinquish all ownership rights and I will be held responsible for all medical costs and boarding fees.

Initial _____

Patient:

Owner name:

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

(please initial)

- Spay/Neuter (includes pain medicine injection) _____
- Rabies vaccination (no additional cost) _____
- Distemper vaccination (FVRCP/DHPP - no add'l cost) _____
- Feline Leukemia Vaccine (Cats - \$15) _____
- Feline Leukemia/Feline AIDS Test (\$25) _____
- Frontline Application - Kills Fleas and Ticks (\$15) _____
- Para-Defense Application - Kills fleas, Flea eggs, and Flea Larvae (\$10) _____
- Heartworm Test (Dogs \$20) _____
- Heartworm Prevention (Dogs \$35 for 6 month supply) _____
- Microchip implant (\$25) _____
- Additional take home pain medication (included) _____
- E-Collar (included for male dogs) \$5 (female dogs and cats) _____
- Profender-Topical Dewormer for Cats (\$15) _____
- Spay It Forward** (Make a donation of \$1 or more toward surgery for a pet of a low income family) _____

Total _____

Note: if your pet is heavily infested with fleas/ticks, your pet will be treated and you will be responsible for that cost. _____

Medical History:

When was the last time you fed your pet? _____

Within the last two weeks, has your pet exhibited (circle):

Vomiting Sneezing Coughing Diarrhea

Has your pet ever had a seizure? _____ When _____

Has your pet ever given birth? (circle) YES NO NOT SURE

When was your pet's last heat cycle? _____

Is your animal pregnant? (circle) YES NO NOT SURE

List any and all health problems that you are aware of including any history of injury (such as being hit by a car).

Was your pet ever seen by a veterinarian? (circle) YES NO NOT SURE

Has your pet ever had any vaccines? (circle) YES NO NOT SURE

Has your pet ever had a reaction to any vaccines or medications? (circle) YES NO NOT SURE

How long have you owned this pet? _____

If a dog - is he/she on heartworm prevention? YES / NO What kind? _____

How did you hear about SNAP-NC: (circle)

Brochure School Program Newsletter Facebook Special Event Friend/Family Mailer News Ad
SNAP website Twitter Websearch Animal Shelter Saw Mobile Unit Regular Vet Other: _____

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached _____