

Special Pals

3830 Greenhouse Road
Houston, TX 77084
281-579-7387 • www.SpecialPalsShelter.org

Surgery Admission Form

Date: ___/___/___

Last Name: _____ First Name: _____

Pets Name: _____ Age: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

Special Pals, Inc. uses qualified staff and medically approved procedures/materials for all procedures performed. It is important to understand that the risk of negative side effects or death, although extremely low, is always present when animal undergo surgery. Please read carefully and sign below.

- I, acting as owner or agent of the animal described above, authorize Special Pals, Inc. through whomever veterinarians they designate, to perform an operation for sexual sterilization of the animal described on the above.
- I understand there are risks in the procedure from the use of anesthetics and drugs, and that injury or death may result.
- I certify that this animal is in good health and has had no food since 12:00 midnight the evening prior to surgery.
- I understand that Special Pals, Inc. has the right to refuse surgery to any animal that is deemed a health risk.
- I understand that Special Pals, Inc. may not perform a complete physical examination before surgery and that my animal will not receive pre-operative blood work.
- I understand that some factors significantly increase surgical risk, including but not limited to: pregnancy, being in heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia Virus, and heartworms.
- I understand that if my animal is pregnant, the pregnancy will be terminated. Additional fees vary.
- I understand that if my animal has an open umbilical hernia, it will be repaired at the time of surgery, and I will incur an additional charge in between \$25 - \$40. Additional charges may also be incurred for animals that are in heat, pregnant or lactating, have undescended testicles or for animals that are obese.
- I hereby release the Special Pals, Inc. Board of Directors, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations or medications. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. As owner/agent, I agree to indemnify and hold Special Pals, Inc. harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

Signature

Date

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Pet Medical History

PET NAME: _____ OWNERS LAST NAME: _____

IS YOUR PET ON HEARTWORM PREVENTATIVE?	YES	NO
HAS HE/SHE BEEN TESTED FOR HEARTWORMS IN THE LAST 6 MONTHS?	YES	NO
HAS YOUR PET SUFFERED FROM ANY SEIZURES?	YES	NO
HAS YOUR PET BEEN SICK THIS WEEK?	YES	NO
HAS YOUR PET HAD DIARRHEA THIS WEEK?	YES	NO
DID YOUR PET HAVE A FLEA BATH OR DIP IN THE LAST TWO WEEKS?	YES	NO
HAS YOUR PET SUFFERED FROM ANY PHYSICAL TRAUMA?	YES	NO

LIST ANY ALLERGIES YOUR PET HAS _____

LIST ANY MEDICATIONS YOUR PET IS ON, include dosage and time last given: _____

LIST AND DATE ANY OTHER SURGERIES YOUR PET HAS HAD (even a dental cleaning): _____

SIGNATURE _____ DATE _____

SURGERY TREATMENT (STAFF USE)

ANIMAL ID # _____ **NAME:** _____ **BREED:** _____ **AGE:** _____ **COLOR:** _____

DOG _____ **CAT** _____ **MALE** _____ **FEMALE** _____
WEIGHT (LBS): _____

NEXT DAY PAIN MEDS: Rx: Tramadol 50mg - _____ tablet PO BID x 2d, Qty _____ **OR** _____cc Metacam PO
MICRO CHIP _____ **TATTOO** _____ **E-COLLAR** _____ **HWT** _____ **FELV/FIV TEST** _____ **VACCINES:** _____

ANESTHESIA

D= _____cc DKT IM **R=** _____cc Antisedan (reversal) IM **J=** _____cc Atropine SQ **X=** _____cc Meloxicam SQ
Other _____
Maintained on 100% O2 Isoflurane

SPAY ALREADY SPAYED IN HEAT PREGNANT OBESE

Ventral midline incision. Ovarian pedicles: instrument tie circumferential Millers Suture: _____ Monosorb
Uterine stump: circumferential Millers Transfixation
Abdominal closure: simple interrupted simple continuous
SQ/Skin closure: simple continuous Intradermal surgical glue staples

NEUTER ALREADY NEUTERED CRYPTORCHID POST-OP SCROTAL DRESSING – remove same day
Skin incision: pre-scrotal scrotal Technique: closed open Suture: _____ Monosorb
SQ/skin closure: simple continuous mattress surgical glue staples

DENTAL: Grade I II III IV Extractions: _____

NOTES: _____
