



Great Plains SPCA Surgery Form

		<i>(Staff Use)</i>	
		Date:	ID#
Owners Name:		Pet's Name:	
Species: Dog / Cat / Feral Cat	Breed:	Color:	Sex: M F
Is your pet on medications?		Previous Surgeries?	Yes No
Contact #:			

Great Plains SPCA Veterinary Care Center uses qualified staffing and approved materials for all procedures performed. 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. Carefully read and understand the following before signing your name.

I, acting as owner or otherwise properly authorized agent of the pet named above, hereby request and authorize Great Plains SPCA, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

I either 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, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

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 such failure. Great Plains SPCA does not assume responsibility should your pet come into contact with contagious illnesses while hospitalized.

I certify that my animal is in good health. Dogs have had no food since 10:00pm the evening prior to surgery. Puppies, kittens and cats have had no food since 7:30am the day of surgery.

I understand that Great Plains SPCA Veterinary Care Center has the right to refuse service to any animal to whom surgery is deemed a health risk.

I understand that Great Plains SPCA Veterinary Care Center may not be able to perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative blood work and waive my right to have this service performed prior to surgery. If your pet is 7 years old or older, we **require** pre-surgical blood work. Please ask for details about this service.

I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworm disease.

I understand that if my animal is pregnant or in-heat there is an additional charge (dog \$50, cat \$30, feral \$10), the pregnancy will be terminated at surgery.

I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery for an additional charge (\$60).

I understand that if my animal is cryptorchid (undescended testicle) there will be an additional surgical procedure, incision and charge (dog \$60, cat \$30).

I understand that my feral cat will require an ear tip (tip of left ear removed) to be performed at time of surgery if I choose the Feral Cat Package.

I understand that if I don't retrieve my pet at the agreed upon time that Great Plains SPCA Veterinary Care Center will exercise its right to either turn the animal over to the nearest humane society or make arrangements as deemed just and proper as allowed by the State of Kansas under K.V.P.A. 47-835. Owners of pets left after the agreed date/time shall be charged a boarding fee of no less than \$10 per day.

I hereby release Great Plains SPCA, Inc., Great Plains SPCA Veterinary Care Center, 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. 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. Owner/agent hereby agrees to indemnify and hold Great Plains SPCA Veterinary Care Center harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

I understand that photos/videos may be taken of my animal and release the rights to Great Plains SPCA.

YOUR ANIMAL WILL RECEIVE A SMALL GREEN TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

- I have proof of current rabies vaccination Nail Trim (complimentary) Anal gland expression (\$10) Ear hair pluck/cleaning (\$5)

Signature: _____

Date: _____

STAFF USE ONLY

Requested Feline Vaccines And Services		Requested Canine Vaccines And Services	
<input type="checkbox"/> Distemper Vaccine	<input type="checkbox"/> Deworm: round/hook	<input type="checkbox"/> DAPP Vaccine	<input type="checkbox"/> Deworm: round/hook
<input type="checkbox"/> Rabies 1 year	<input type="checkbox"/> Deworm: Tape	<input type="checkbox"/> Rabies 1 year	<input type="checkbox"/> Deworm: Tape
<input type="checkbox"/> FeLV vaccine	<input type="checkbox"/> Flea Treatment	<input type="checkbox"/> Kennel Cough Vax	<input type="checkbox"/> Flea Treatment
<input type="checkbox"/> FeLV/FIV test	<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> Microchip	<input type="checkbox"/> Ear Tip Y or N	<input type="checkbox"/> HW Prevention	<input type="checkbox"/> Microchip
<input type="checkbox"/> Fecal	<input type="checkbox"/>	<input type="checkbox"/> Lepto vaccine	<input type="checkbox"/> Fecal

____ cc Acepromazine (10mg/ml) SQ IM	____ cc Atipamezole (5mg/ml) IM	____ cc Atropine (0.54mg/ml) IM IV	____ cc Buprenorphine (0.3mg/ml) IM SQ
____ cc Cefazolin (100 mg/ml) IV	____ cc Epinephrine (1mg/ml) IC IT IV	____ cc Euthasol IC IP IV	____ cc Midazolam (5mg/ml) IV IM
____ cc LRS / 0.9% Saline IV SQ	____ cc Meloxicam (5mg/ml) SQ	____ cc TKX* IV	____ cc Hydromorphone (2mg/ml) IM SQ
____ cc Rimadyl (50mg/ml) SQ	____ cc Propofol (10mg/ml) IV	____ cc TTDex** IM IV	____ cc _____ (____mg/ml)

*TKX – Telazol powder : 4.0mls Ketamine (100mg/ml) : 1.0mls Xylazine (100mg/ml) **TTDex – Telazol powder : 2.5mls Butorphanol (10mg/ml) : 2.5mls Dexmedetomidine (0.5mg/ml)

Rx

<input type="checkbox"/> OHE	<input type="checkbox"/> Exploratory	<input type="checkbox"/> Pyometra	Veterinarian:
<input type="checkbox"/> Neuter <input type="checkbox"/> Pre-scrotal <input type="checkbox"/> Scrotal	<input type="checkbox"/> Skin Staples	<input type="checkbox"/> Hydrometra	
<input type="checkbox"/> ABN <input type="checkbox"/> Scar <input type="checkbox"/> Tattoo	<input type="checkbox"/> Skin Sutures	<input type="checkbox"/> Postpartum	Weight
<input type="checkbox"/> ABS <input type="checkbox"/> Scar <input type="checkbox"/> Tattoo	<input type="checkbox"/> Skin Sutures	<input type="checkbox"/> Friable	
<input type="checkbox"/> In Heat	<input type="checkbox"/> Fatty		
<input type="checkbox"/> Pregnant Number of fetuses _____	<input type="checkbox"/> Other:		
<input type="checkbox"/> Cryptorchid Abdominal Inguinal	<input type="checkbox"/> Umbilical Hernia Repair		lbs
Heartworm Test: NEG POS	FelV test: NEG POS	FIV Test: NEG POS	

Services pet received on day of surgery:

<input type="checkbox"/> DA ₂ PP	<input type="checkbox"/> FVRCP	<input type="checkbox"/> Microchip
<input type="checkbox"/> Kennel Cough Vaccine	<input type="checkbox"/> FeLV vaccine	
<input type="checkbox"/> 1 Year Rabies Vaccine	<input type="checkbox"/> Praziquantel (56.8mg/mL) _____ mL SQ	
<input type="checkbox"/> Nail trim	<input type="checkbox"/> Flea treatment _____	

Services pet received day after surgery:

<input type="checkbox"/> pyrantel pamoate (50mg/mL) _____ mL PO
<input type="checkbox"/> drontal plus _____ mg PO
<input type="checkbox"/> buprenorphine(0.3mg/mL) _____ mL TM
<input type="checkbox"/> other _____

Physical Examination:		Veterinarian:	
Mentation: BAR QAR DEP	CAUTION		
BCS: TEMP:	MM: CRT:	HR: RR:	Pain score:
EENT: WNL Abnormal	Oral: WNL Abnormal UE	Integument: WNL Abnormal	M/S: WNL Abnormal
H/L Auscult: WNL Abnormal	Neuro: WNL Abnormal	Repro: Intact Altered	Cryptorchid