

Medical History for Surgery Patients



Date: _____

Owner Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone #: _____ Email: _____

for immediate contact Opt in: If you want to receive periodic emails from us, please give us your email. We will never sell your information.

Household Size: (choose one) 1 2 3 4 5 6 7 8 9+ Have you ever had a pet spayed/neutered before? YES / NO

Household Income: <\$11,999 \$12k-19,999 \$20k-29,999 \$30k-39,999 \$40k-49,999 \$50k-74,999 \$75,000+

Note: The information above is collected for data tracking only. We do not discriminate based on income or family size.

Animal Name: _____ Species: DOG / CAT Sex: MALE / FEMALE

Age: ___ months ___ years Breed: _____ Color: _____

How long have you had this animal? _____ Where does your pet live? Inside Outside

Are your pet's vaccinations current? YES / NO Date of last vaccines: _____

Last time fed? _____ Last heartworm test: _____

FEMALES ONLY: Last heat cycle? _____ # of litters _____ Date of last litter: _____

Regarding your pet	NO	YES	If YES, please explain:
Had coughing or sneezing in the past 2 weeks?			
Had vomiting or diarrhea in the past 2 weeks?			
Had loss of appetite or weight loss?			
Ever had seizures?			
Ever had surgery?			
Any chance currently pregnant?			
Any chance already spayed or neutered?			
Any reactions to vaccines or medications?			
Currently taking any medications (steroids, antibiotics, etc.)?			
Any other medical concerns?			
Currently on flea or heartworm prevention?			

Requested Services

SPAY/NEUTER		VACCINATION	
Dog over 30 pounds or over 6 months of age	\$65	DOGS & PUPPIES	CATS & KITTENS
Puppy	\$50	Rabies <input type="checkbox"/> 1 year \$5 <input type="checkbox"/> 3 year \$12	Rabies <input type="checkbox"/> 1 year \$5 <input type="checkbox"/> 3 year \$12
Cat	\$45	DA2PPV (Distemper/Parvo) <input type="checkbox"/> 1 year \$10 <input type="checkbox"/> 3 year \$25	FVRCP (Upper Respiratory) <input type="checkbox"/> 1 year \$10 <input type="checkbox"/> 3 year \$25
Kitten under 6 months of age	\$35	Lepto <input type="checkbox"/> \$10	FelV (Feline Leukemia) <input type="checkbox"/> \$15
Pain medication (required)	<input type="checkbox"/> \$10	DAPPV + Lepto <input type="checkbox"/> \$15	
e-collar/protective cone	<input type="checkbox"/> \$10	CIV <input type="checkbox"/> \$15	
All animals must have proof of a current rabies vaccination. If rabies vaccination is needed, it can be administered at time of service for an additional \$5.		Bordetella (Intranasal) <input type="checkbox"/> \$15	OTHER SERVICES
			De-Worm <input type="checkbox"/> \$5 - \$20
			FelV/FIV Test <input type="checkbox"/> \$20
			Ear Cleaning <input type="checkbox"/> \$10
			Nail Trim <input type="checkbox"/> \$5
			Microchip <input type="checkbox"/> \$10*

PREVENTION		HEARTWORM (DOG ONLY)	
FLEA/TICK			
Bravecto Dog only	<input type="checkbox"/> \$40 per 3 month dose	Heartworm Test	<input type="checkbox"/> \$10
Paradefense Dog only	<input type="checkbox"/> \$15 per 1 month dose	MilbeGuard	<input type="checkbox"/> \$8-\$10 per 1 month dose
Catego Cat only	<input type="checkbox"/> \$10 per 1 month dose		
Advantage Multi Cat only	<input type="checkbox"/> \$15 per 1 month dose		

*Thanks to a generous grant from the Arnall Family Foundation Animal Welfare Program, microchip services and a pet ID tag are free to the public with clinic purchase while supplies last. Without an additional paid service, cost is \$10 per pet and ID tags are available at \$5 each.

Consent for Surgical Sterilization

Please read and initial each paragraph.



I, being of legal age and responsible for the animal described above, have the authority to grant the Tulsa SPCA Spay and Neuter Clinic (hereafter Tulsa SPCA) and its staff members, volunteers, and agents my consent to receive, prescribe for, treat, and/or perform surgery on my animal and do so grant such consent. I understand I am responsible for informing Tulsa SPCA about any medical conditions my animal has of which I am aware, and the information I have provided is true and correct to the best of my knowledge.

I understand that Tulsa SPCA's attending veterinarian has assumed the responsibility for making clinical judgments regarding the health of my animal, and I agree to follow the veterinarian's instructions. I agree that a limited veterinarian-client-patient relationship is herein established among the attending veterinarian, me, and my animal, and understand that the attending veterinarian is not my primary veterinarian. **I understand that follow-up care is only available for surgery-related conditions, and is only available on weekdays between 9 a.m. and 4 p.m. by appointment. I understand that should my animal need immediate care, I should seek assessment and treatment at an emergency veterinary facility.**

I understand that Tulsa SPCA strongly recommends that I visit my primary veterinarian to have a full physical exam and pre-operative testing or treatment performed on my animal, including but not limited to, pre-anesthetic blood testing to help assess internal organ function and to help determine whether anesthesia and surgery are appropriate for my animal, testing for intestinal parasites, tick-borne diseases (dogs), heartworm disease (dogs), feline leukemia virus (cats), and feline immunodeficiency virus (cats).

I hereby certify that I have had my animal examined by my primary veterinarian and have completed the recommended testing and/or treatment, and am providing a record of the testing and/or treatment at this time, or I decline to complete the recommended preoperative testing and desire to proceed with full knowledge of the increased risk of complications arising from unknown underlying issues that may have been revealed if the recommended testing had been performed.

I understand that the operation I have elected for my animal is not without risk and may result in complications, injury, and even death. Complications may include, but are not limited to, adverse reaction to medications or vaccinations, seizures, hyperthermia, hypothermia, low blood pressure, hemorrhage, infection, dehiscence of incision, ovarian remnant syndrome, respiratory arrest, and cardiac arrest. If my animal has a complication, additional medical care may be required for my animal at a full-service or emergency veterinary practice. I understand that I am responsible for seeking, providing, and paying for such care.

I understand that if my animal is very fearful or aggressive or is not up to date on his or her Rabies vaccination, then he or she may need to be sedated by veterinary staff prior to handling. I understand that if my animal's health status cannot be adequately assessed prior to sedation, then my animal may be at greater risk of adverse reaction to the sedative medications. I understand that my animal may be rejected for surgery after sedation at the discretion of the attending veterinarian. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

I understand Tulsa SPCA strongly recommends that my animal be current on all age-appropriate vaccinations and that these will be administered in advance of surgery by my primary veterinarian. Vaccine-preventable diseases can be deadly and are costly to treat. I hereby certify that (a) all age-appropriate vaccinations have been administered to my animal within one year prior to this date, (b) I request recommended vaccinations at the time of surgery, or (c) I decline to vaccinate my animal and protect him or her from preventable disease. My animal should not be considered protected from vaccine-preventable diseases for 28 days following administration of the vaccine.

I understand that in an effort to help shelters and veterinarians recognize that my animal has been spayed or neutered, my animal will be tattooed with a small green mark on the abdomen or in the inguinal area.

I understand modern techniques and trained staff are used to care for all animals and reasonable precautions will be used against injury, escape, or destruction of the animals. I understand and agree Tulsa SPCA will not be held liable or responsible in any manner in the injury, escape, or destruction of my animal and I assume all risk associated with the procedure(s) and placing my animal in Tulsa SPCA's care.

If, in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as a hernia repair or the administration of intravenous fluids, the attending veterinarian may, in his or her absolute discretion, perform such procedure. I consent to these procedures and agree to pay any reasonable additional charges, if any. If the attending veterinarian does not perform such procedure, then I will be notified of the condition and referred to another veterinarian for diagnosis, care, and treatment.

I understand that as long as, in the opinion of the attending veterinarian, my animal is an acceptable surgical candidate, sterilization procedures will be performed even if my animal is pregnant or in heat. If my animal is pregnant, I understand and agree the pregnancy will be terminated during surgery without further notification. **If my animal is in heat, pregnant, or cryptorchid there will be an additional fee of \$10-\$25. If my animal has fleas, short-term flea treatment will be administered at a cost of \$5-\$10 depending on weight.**

I understand that all animals must be picked up at the clinic at the time designated by the clinic staff on the day of surgery. **I will pay \$10 if my animal is not picked up by 4 p.m. and for each night it remains at Tulsa SPCA.** I understand that any animal left for 72 hours or more will be considered abandoned, and will be dealt with according to Oklahoma Statute. I understand that by abandoning my animal I am relinquishing all ownership and interest in said animal.

Signature

Date