



Fox Valley Animal Welfare League Spay Neuter Clinic

2021

Owner Name _____

Address _____

City _____ IL Zip _____

County _____

Phone _____

Phone Alt _____

Email _____

Do you want a Microchip? (\$25) Yes No
 Already microchipped Brought chip

Has your pet had anything to eat today? Yes No

Any injuries or prior medical conditions? Yes No

I understand that this dental cleaning is considered preventative care and that major dental work, including complex extractions, is NOT considered preventative care. I understand that the standard of care requires x-rays for dental work outside the normal cleaning procedure and that the clinic does not provide this service. I understand that if there are loose teeth that need to be removed and can be extracted without major surgery that this service will be performed. I further understand that during the cleaning procedure, if there are major complications found, the veterinarian will diagnose and recommend treatment options for any services that are unable to be performed.

I understand that if I do not pick up my animal by 6:00 pm, that I will be charged an additional late fee of \$20 every 15 min beginning at 6:01 (\$80 per hour). _____
 I understand policy

_____ Date of Dental

Pet's Name _____

Age or Birthdate _____
 DOG CAT Male Female

Color _____

Breed _____

Pharmacy _____

SURGICAL CONSENT WAIVER

The Fox Valley Animal Welfare League Spay Neuter Clinic uses licensed Veterinarians and trained experienced staffing as well as the highest quality materials for all procedures performed. It is important for you to understand the risk of surgery, although extremely low, the risk of death is always present, just as it is for humans that undergo surgery.

I, acting as owner or agent of the pet named above, authorize the FVAWL to perform surgery on this animal. I authorize the Veterinarian to administer any treatment considered necessary during the course of the examination and surgery. I release and indemnify all FVAWL employees, volunteers, and agents from all liability. I understand that the Veterinarian maintains the right to refuse to perform surgery for any animal for whom surgery is deemed a health risk.

Your pet may receive a small tattoo on their underside indicating sterilization.

_____ Signature

CLINIC USE ONLY

Microchip # _____

Weight:	
<input type="radio"/> Dental	
<input type="radio"/> Extractions	
<input type="radio"/> Rabies 1 YR 3 YR	
<input type="radio"/> County Tag #	
<input type="radio"/> Distemper / FVRCP	
<input type="radio"/> Lepto	
<input type="radio"/> Bordetella	
<input type="radio"/> Lyme	
<input type="radio"/> Microchip	
<input type="radio"/> Heartworm Test	
<input type="radio"/> Combo Test	
<input type="radio"/> Antibiotics	
<input type="radio"/> Hernia Repair	
<input type="radio"/>	

NOTES: _____ TOTAL _____