



Fox Valley Animal Welfare League Spay Neuter Clinic

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

Do you want an E Collar/Cone? (\$15) Yes No
(prevents licking the incision area, primarily for dogs)

Do you want retained baby teeth pulled? Yes No
(if they have not fallen out by 7-9 months they will need to be surgically removed - \$15 at time of surgery)

Do you want any found hernia's repaired? Yes No
(if you decline you will need to have it surgically repaired at your primary veterinarian)

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

2021

Surgery Date

Pet's Name _____

Age or Birthdate _____

DOG Male
 CAT Female

Color _____

Breed _____

Pain Meds are included for every animal except Male Cats, optional for \$5

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: _____

Spay Neuter

Rabies 1 YR 3 YR

County Tag # _____

Distemper / FVRCP

Lepto

Bordetella

Lyme

Microchip

Heartworm Test

Combo Test

Retained Teeth

Hernia Repair

Blood Panel

Ear Tip (Feral Cat)

E-Collar

X5 up to 8	SMALL 8-12	MED 12-15	LG 15-18	XL 18-23	XXL 23+
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NOTES:

TOTAL

CASH

CREDIT

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