



# 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)

☐ Already microchipped ☐ Brought chip

☐ Yes ☐ No

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)

(prevents pet from licking the incision area, primarily for dogs, cats in a rare

☐ Yes ☐ No

I understand that any retained baby teeth (haven't fallen out) can be removed (\$15) and any hernia can be repaired (\$30) while the animal is under going surgery with consent. If it is not removed/repared, you may elect to have it done at your primary veterinarian as a separate procedure.

Initial Consent

\_\_\_\_\_

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 \$1 per minute.

I understand policy \_\_\_\_\_

Date: \_\_\_\_\_

Pet's

Name \_\_\_\_\_

Age or Birthdate \_\_\_\_\_

DOG CAT Male Female

Color \_\_\_\_\_

Breed \_\_\_\_\_

*Pain Meds ARE INCLUDED for every animal except male cats and rescue groups or vouchers which are optional (\$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

☐ E-Collar 8-12 = S 15-18 = L  
12-15 = M 18-23 = XL

☐ Diagnostic Panel

☐ Ear Tip (Feral Cat)

☐

NOTES:

TOTAL

CASH

CREDIT

☐ UNE ☐ S.S. ☐ DIS ☐ S.A.