

Special Program _____

Date of Surgery

Client Account Number



ST. AUGUSTINE HUMANE SOCIETY 904.829.2737 Service Acceptance Form

SAHS Wellness client? yes no

Your First Name

Your Last Name

Your Pet's Name

Pet's Age or DOB

Cat Dog

Male Female

Has your pet had a litter? Yes No

Was your pet a stray? Yes No

Pet's Breed

Pet's Color

Does your pet have any medical conditions? Is your pet currently on any medications?

Address

City

State

Zip

Best number where you can be reached TODAY!

Cell Home Other:

Email Address

Cell: ()

Home: ()

DOG SERVICES: Please select the services you want	
<input type="checkbox"/> Admin Fee	\$10
<input type="checkbox"/> Dog Neuter (Male) < 50 lbs	\$65
<input type="checkbox"/> Dog Neuter (Male) > 50 lbs	\$75
<input type="checkbox"/> Dog Spay (Female) < 50 lbs	\$85
<input type="checkbox"/> Dog Spay (Female) > 50 lbs	\$95
<input type="checkbox"/> Oversize Dog Sx Fee	\$15
<input type="checkbox"/> Post-Op Pain Medication	\$8
<input type="checkbox"/> Add'l Surgery Fee:	
<input type="checkbox"/> Rabies (1 year)	\$14
<input type="checkbox"/> Distemper/Parvo (DHPP)	\$16
<input type="checkbox"/> Kennel Cough (Bordatella)	\$18
<input type="checkbox"/> Heartworm Test	\$20
<input type="checkbox"/> HW preventative:	
<input type="checkbox"/> Flea Preventative:	
<input type="checkbox"/> Nail Trim	\$10
<input type="checkbox"/> Microchip	\$18
<input type="checkbox"/> Dewormer – Pyrantal	\$12
<input type="checkbox"/> Dewormer – Praziquantel tabs	\$16
<input type="checkbox"/> E-collar or <input type="checkbox"/> Bitter Orange	\$8
<input type="checkbox"/> Pre-Op Blood Screen: advised for pets over 7 years old (Must be scheduled through Wellness Clinic)	\$29
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	

CAT SERVICES: Please select the services you want	
Admin Fee	\$10 <input type="checkbox"/>
Cat Neuter (Male)	\$35 <input type="checkbox"/>
Cat Spay (Female)	\$45 <input type="checkbox"/>
Post-Op Pain Medication	\$8 <input type="checkbox"/>
Add'l Surgery Fee:	<input type="checkbox"/>
Rabies (1 year)	\$14 <input type="checkbox"/>
Cat Distemper (FVRCP)	\$16 <input type="checkbox"/>
FELV Test	\$22 <input type="checkbox"/>
FELV/FIV Combo Test	\$28 <input type="checkbox"/>
Cat Leukemia Vaccine (FELV)	\$18 <input type="checkbox"/>
Revolution (per month)	\$18.50 <input type="checkbox"/>
Defense (flea & tick per mo.)	\$5 <input type="checkbox"/>
Activyl (per month)	\$11.50 <input type="checkbox"/>
Nail Trim	\$10 <input type="checkbox"/>
Microchip	\$18 <input type="checkbox"/>
Dewormer – Pyrantal	\$12 <input type="checkbox"/>
Dewormer – Praziquantel tabs	\$16 <input type="checkbox"/>
Dewormer – Profender	\$16 <input type="checkbox"/>
Pet Carrier (cardboard)	\$5 <input type="checkbox"/>
Pre-Op Blood Screen: advised for pets over 7 years old (Must be scheduled through Wellness Clinic)	\$29 <input type="checkbox"/>
Other	<input type="checkbox"/>
Other	<input type="checkbox"/>

Additional Surgical fees include:

- Cryptorchid Male \$15
- Hernia Repair \$25
- 3rd term Pregnancy \$15

TOTAL: _____

TOTAL: _____

OFFICE USE ONLY

- Spay Neuter Pain Medication Ivomec Inj ____ ml Antibiotic: _____ Dewormer
- Rabies 1yr 3yr FVRCP primary 1 year Heart Worm Test Microfilaria
- too young for rabies FeLV primary 1 year - Neg + Pos - Neg + Pos Praziquantel
- DHPP/DHLPP primary 1 year Nail Trim Microchip HW Prevention Type/# Months: _____ Pyrantel
- Kennel Cough Vaccine FELV/FIV Test - Neg FELV + Pos FIV + Pos Hernia Repair Flea Treatment
- _____ (Product)

Checked in by: _____ # _____ of _____ Paid: _____ Method: _____ Misc SX _____

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904.829.2737
Client Information Form

Your First Name
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Pet's Age or DOB
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Cat Dog

Male Female

Has your pet had a litter? Yes No

Was your pet a stray? Yes No

Pet's Breed
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Pet's Color
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Does your pet have any medical conditions? Is your pet currently on any medications?
[]

Address
[]

City
[]

State
[]

Zip
[]

Best number where you can be reached TODAY!
Cell: ()

Cell Home Other:
Home: ()

Email Address
[]

Please see reverse side for post surgical care of your pet!

Please see your veterinarian to address the following concerns about your pet:

- Overweight Underweight Ear Concerns Skin Abnormalities Tapeworms Fleas Ticks
- Dental Concerns Ear mites treated with ivomec - needs follow-up in 2 weeks

Medication Dispensed

Tramadol 50mg # _____: Give _____ tablet 2-3 times daily for pain

Carprofen | 25 mg | 50 mg | 75 mg | 100 mg | # _____, give _____ tab(s) by mouth _____ times a day for _____ days

Onsior | 6 mg | # _____, give 1 tab by mouth, once a day for _____ days.

- Spay Lactating Pregnant In Heat (Keep away from males for 14 days) Pyometra
- Neuter Cryptorchid (undescended testicle(s); your pet has two incisions)
- Already Spayed. Verified by: Scar (typical of previous spay incision) Tattoo Exploratory
- Already Neutered (no testicles in scrotum or if male cat—no spines)

Vet	
HR	Temp
Wt _____ lbs. _____ oz	
Juvenile (< 5 mos) <input type="checkbox"/> yes <input type="checkbox"/> no	

____ ml Acepromazine 10 mg/ml SQ IM ____ ml DKB IM ____ ml Atipamazole IM ____ ml Euthasol IV IC IF

____ ml Hydromorphone 2 mg/ml SQ IM ____ ml Dexmedetomidine .5 mg/ml ____ ml Propofol IV ____ ml Pen G SQ

____ ml Buprenorphine .15 mg/ml SQ IM ____ ml Ketamine 100 mg/ml ____ ml Midazolam 5 mg/ml ____ ml _____

____ ml Meloxicam .5 mg/ml ____ ml Butorphanol 10 mg/ml ____ ml SQ Fluids ____ ml IV Fluids @ ____ ml/hr

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- Applied Dispensed _____ (Product)

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ST. AUGUSTINE HUMANE SOCIETY | 904.829.2737
AFTER HOURS EMERGENCY CONTACT | _____ (UNTIL 9:00 PM) **

Thank you for bringing in your pet today for sterilization. You are helping end the pet overpopulation problem. Since our clinic is not staffed 24 hours a day we ask that you, the owner and caretaker, monitor your pet to provide the best possible care. Please carefully read the post-op instructions. We cannot be held responsible for circumstances resulting from failure to follow these instructions.

HOW TO CARE FOR YOUR PET AFTER SURGERY

1. No running, jumping, playing, swimming, or other strenuous activity for **7 to 10 days**. Keep your pet quiet. Pets must be kept indoors where they can stay clean, dry, and warm. No baths during the recovery period. Dogs must be walked on a leash and cats must be kept indoors. **No Baths.**
2. **Check the incision site twice daily.** There should be no drainage. Redness and swelling should be minimal. Do not allow your pet to lick or chew at the incision. If this occurs, an E-collar **MUST** be used to prevent additional licking and chewing that could cause infection. There will be a **FIRM LUMP** under the incisions as the absorbable sutures are breaking down for 1 – 2 weeks. This is normal. **THERE ARE NO EXTERNAL SUTURES, unless otherwise noted.**
3. **Pain Medication.** If you chose to purchase post-operative pain medication, you may start the first dose the next day after surgery.
4. **Appetite** should return gradually within 24 hours of surgery. Do not change your pet's diet at this time, and do not give them junk food, table scraps, milk, or any other *people food* during the recovery period. This could mask post-surgical complications.
5. We recommend that your pet receive an exam with your regular veterinarian 7 to 10 days after surgery, to have the incision checked for complete healing, to remove any skin sutures, and to discuss additional needs, follow-up care, and vaccine boosters. Dogs may have a slight cough for a few days after surgery.

****After 9:00 pm the night of surgery, refer to the following:**

6. If there are any questions or concerns directly related to the surgery during the recovery period, please call this office at 904.829.2737. If there is an emergency, contact your regular veterinarian or REACH a local Emergency Hospital. SARVAC at **904-797-5770** or Animal Emergency Hospital of St. Johns at **904.794.5071**. Fees incurred at a location other than our clinic are your responsibility. Your regular veterinarian must address illness or injuries that are not a direct result of surgery.

Our Wellness Clinic is open every Wednesday. Please don't hesitate to call or bring your pet to the clinic if you have concerns. 904.829.2737

It is normal for your pet to be quiet and reserved for several hours after surgery. However, the following conditions require immediate attention:

- **Excessive Bleeding.** Small droplets of blood can be normal. However, if it is a steady flow please call your vet or go directly to the emergency vet.
- **Breathing Difficulty.** If your pet seems to have trouble breathing or if breathing is especially shallow, this could be an emergency situation. Please call your vet or go directly to the emergency vet.
- **Lethargy lasting for more than 24 hours post-op, diarrhea, or vomiting** are not normal and your pet should be taken to your regular vet.

**Your pet received a GREEN TATTOO next to his/her incision.
This tattoo is a scoring process in the skin; IT IS NOT AN EXTRA INCISION.**

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904.829.2737

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Cat Dog

Male Female

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Best number where you can be reached TODAY!

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Checked in by: # of Paid: Method: Misc SX

ANESTHESIA/SURGERY CONSENT FORM



ST. AUGUSTINE HUMANE SOCIETY
904.829.2737
Surgery Consent Form

St Augustine Humane Society 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 agent of the pet named below, hereby request and authorize St Augustine Humane Society, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named below, and/or anesthesia plus the procedure described on estimate.

I understand that anesthesia, surgery, vaccination and other therapeutic or diagnostic procedures may involve risk of complication, injury or even death, from both known and unknown causes.

I either certify that my animal is current on his/her vaccinations, or waive my right to protect my animal by having it vaccinated prior to hospitalization, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal from infectious disease.

X _____ I understand the risks of failing to maintain current vaccinations and understand that my pet may be exposed to animals who are carrying infectious diseases. Our policy is to HIGHLY RECOMMEND full vaccination prior to surgery.

X _____ I decline pre-op bloodwork. Our policy is to recommend pre-op bloodwork for **ANY** pet over 7 years old.

X _____ I understand that post-op care is my responsibility. Should my pet require emergency care from a vaccine reaction or any other complication, I will seek medical care at my own expense.

I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery.

I understand that some conditions increase surgical risk, including, but not limited to, obesity, pregnancy, heat, and Feline Immunodeficiency Virus (FIV), Feline Leukemia, and Heartworm and Tick-borne diseases. Today's pre-anesthetic exam will be limited to confirming that your pet is in the lower risk category for anesthesia and/or surgery. Complete health assessment including pre-anesthetic blood work, fecal testing, heartworm testing, FeLV/FIV testing is available in the SAHS Veterinary Clinic, but must be done prior to hospitalization. Today's selected services will be performed after sedation in most cases.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

I understand that if my animal requires additional surgery as a result of the following conditions, I will be charged an additional fee. (open umbilical hernia, cryptorchid male, late term pregnancy). Flea infestations may be treated with Capstar, at an additional cost of \$5, to minimize exposure to other animals. I understand that if I don't retrieve my pet at the agreed upon time, I shall be charged a boarding fee of no less than \$10 per night.

I hereby release the St Augustine Humane Society, 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 complications. I agree that I have not and will not claim any right of compensation from them. Owner/ agent hereby agrees to indemnify and hold St Augustine Humane Society 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.

Your animal will receive a small tattoo on his/her underside to show that he/she has been sterilized.

I UNDERSTAND THE CONDITIONS LISTED ABOVE

I HAVE PROOF OF CURRENT RABIES VACCINATION

Owner's signature _____ Date _____ Pet's Name _____