

Western Riverside County/City Animal Shelter Spay/Neuter Clinic Patient History and Surgical Consent Form

Client Name:			Pet Name:		
Cat	Dog	Other	Age:	Sex:	Breed:

Please check any symptoms your pet has been experiencing:

- | | | |
|---|---|---|
| <input type="checkbox"/> Seizure | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Increase thirst or urination |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Limping | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Scratching | <input type="checkbox"/> Long-term medication |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Shaking head | <input type="checkbox"/> Fleas / Ticks / Worms |

1. Is your pet (please circle) Indoors outdoors both
2. Has your pet been examined elsewhere in the past year? Yes No Any problems -please list _____
3. Are you currently giving your pet any medications? Yes No What? _____
4. Is your pet allergic to any medications? Yes No What? _____
5. Has your pet had any past vaccine reactions? Yes No What? _____
6. Has your pet had any illness/injury in the past? Yes No Explain _____
7. Any new or unusual lumps or bumps? Yes No Where? _____
8. Has your pet (Female) had a litter in the past / in heat? Yes No When? _____
9. When was the last time you fed your pet? _____
10. Has your pet ever been under anesthesia? Yes No When/What for? _____

If yes, did they have any problems linked to the surgical procedure

(seizure, diarrhea, vomiting, anesthetic complications, etc.)? Yes No Explain _____

I understand there are medical risks associated with the Procedure, including but not limited to infection, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, hemorrhage, and death. _____ (initial)

I understand the Department of Animals Services (DAS) will perform a physical exam but not perform a comprehensive cardiac exam, other diagnostic tests, and blood-work prior to the Procedure. _____ (initial)

I understand that since DAS does not perform extensive pre-operative diagnostic evaluations, it is possible my pet may have an undiagnosed medical condition that may result in complications during or after anesthesia/surgery. _____ (initial)

I acknowledge that if my pet has an underlying condition that has not been detected with diagnostic tests/tools to date and if during the course of the operations or procedures, an unforeseen condition arises, I will be responsible for any additional fees/expense. _____ (initial)

Signature

Date

Phone numbers where you can be reached today:

Home: _____ Work: _____ Cell: _____