# Western Riverside County/City Animal Shelter Spay/Neuter Clinic

## Patient History and Surgical Consent Form

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Pet Name:</th>
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### Patient Information

- **Age:**
- **Sex:**
- **Breed:**

Please check any symptoms your pet has been experiencing:

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

### Client Information

1. Is your pet (please circle) Indoors outdoors both
   - Yes
   - No
   - Any problems – please list ____________________________

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

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: _________________________