



Spay Illinois Pet Well Clinics, Inc.
2785 Maple Ave Lisle IL 60532

Please read all instructions thoroughly in preparation of your pet's surgical appointment

Arrival instructions:

Please be aware we have 2 offices. Our Surgical office is located at 2785 Maple Ave, Lisle 60532 closest to the Children's Learning Center in the far corner of the shopping center. Please be sure to arrive at the correct office. **PLEASE DO NOT PARK ALONG THE CURB IN THE FIRE LANE OR IN THE 2 FRONT SPOTS LABELED AS DAYCARE PARKING ONLY.**

Please be sure to arrive on time for your pet's surgical appointment. Your drop off time has been assigned at the time of booking the appointment! Please be sure to arrive at this time. We will not accept late pets!

You may step inside with your pet and paperwork for check in - we ask that only 1 family member steps in for check in. If you are unable to print forms ahead of time, we will have forms at the clinic when you arrive.

Please note - if your pet is under too much stress or is aggressive and the tech is unable to handle your pet we will not be able to perform services

Pick up instructions:

1. When you arrive for pick up please step inside for payment and discharge instructions
2. DUE TO HIGH VOLUME SURGERIES - YOU WILL NOT BE CALLED WITH AN UPDATE AFTER SURGERY

PLEASE PLAN ACCORDINGLY FOR YOUR PETS DESIGNATED PICK UP TIME

DOG PICK UP: 3 - 4 PM

CAT PICK UP: 4 - 4:45 PM

Our office closes at 5pm! All pick up past 5:15PM will be subject to late charges

Thank you for your understanding,
Spay Illinois Staff

SPAY ILLINOIS



Pet Well Clinics

Pre-Surgical Care instructions

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- 1) We require that you restrict **ALL** food for your cat or dog after midnight the night before/day of surgery. You may offer water until 6 AM the morning of surgery. **Exceptions** – any pet under 4 months of age should receive $\frac{1}{4}$ amount of their normal meal on the morning of surgery.
- 2) All cats **MUST BE** dropped off in an individual, proper sized carrier. Please place a towel in the carrier with your cat, plus cover open areas with a towel or sheet to reduce stress.
- 3) A current Rabies vaccination is required in order to perform surgery on all pets over 4 months of age. We can administer the rabies vaccine the day of surgery. If your pet is current on the rabies vaccine, you must bring a copy of the certificate the morning of surgery.
- 4) Vaccinations – Although we do offer vaccinations the same day of surgery, we strongly recommend your pet be vaccinated at least two weeks prior to surgery with the DHLPP (distemper/parvovirus/lepto - for dogs) or FVRCP (distemper/upper respiratory – for cats) We also recommend the Bordetella vaccine for dogs. While no vaccine is 100% effective, vaccinations will lessen the chance of your pet contracting disease, as well as decreasing the severity of the disease if your pet does contract it. You may visit our clinic to have your pet vaccinated before surgery.
- 5) Tattoo – Your pet will receive a small, green tattoo near the incision site. This tattoo is not another incision – it is a small score in the top layer of the skin, filled with tattoo ink and covered with surgical glue. This tattoo will ensure that anyone examining your animal will know s/he has been sterilized.
- 6) Spay Illinois requires a 48 hour notice for canceling any appointment to receive a deposit refund. Otherwise, deposits become donations to our non-profit organization. A new deposit will be required in order to book any rescheduled appointments.
- 7) If you receive **LINK** benefits - you must present proper documentation at the time of check in. Staff will not ask if you receive this, this will be your responsibility to provide. If documentation is not shown at check in - you will not be eligible for discounts. **Documentation will not be accepted at check out.**
- 8) If you receive a **DUPAGE voucher** - this voucher must be presented at time of check in to ensure that the correct services are being done that is required by DuPage County Animal Control. If you do not have the Voucher for the day of your appointment, please give us a call to reschedule your pets surgical appointment.

Thank you for your understanding,

Spay Illinois Staff



I receive government financial assistance. Proof of assistance must be provided at check-in!

SURGICAL ADMISSION FORM

spayillinois.org

TODAY'S DATE ____/____/____

| OWNER INFORMATION | | CLIENT ID: | |
|--|------------|------------|-----------------------|
| First Name: | Last Name: | Phone: | |
| Address: | | Apt # | |
| City: | State: | Zip: | County You Reside In: |
| Email Address: | | | |
| Would you like to receive monthly E-News? (Circle) | | Yes | No |
| One) How did you hear about us? | | | |

| PET INFORMATION | | | |
|-----------------------|-----------------------|--------|--------|
| Please Circle: Canine | Please Circle: Female | | Male |
| Feline Pet Name: | Age: | Breed: | Color: |

| PROCEDURE REQUEST (PLEASE CIRCLE) | | | | |
|---|------|--------|--------|--------|
| | Spay | Neuter | Dental | Other: |
| List any previous abdominal surgeries for your female pet: _____ | | | | |
| Please read the following carefully. By INITIALING the fields below, I agree that: | | | | |

- _____ My pet has not eaten food since midnight (unless the pet is 4 months or younger).
- _____ My pet has no pre-existing health conditions, or is on or taken any medications in the last month to my _____ knowledge. If fleas are discovered on my pet a CAPSTAR treatment will be administered at my expense of \$10

I understand that additional charges may occur in the event of: (Please INITIAL ALL)

- _____ \$50 Pregnancy (Canine only)
- _____ \$25 In Heat (Canine only)
- _____ \$50 Umbilical Hernia (Canine & Feline)
- _____ \$100 Per Testicle Cryptorchid* (Canine & Feline)
- _____ \$5 Feline Sedative
- _____ Testicle(s) not present in scrotal sac, requiring an extra surgical procedure

| Vaccinations for Dogs | Vaccinations for Cats | Additional Services |
|-------------------------|-----------------------|------------------------|
| Rabies 1-Year Vaccine | Rabies 1-Year Vaccine | Nail Trim |
| Rabies 3-Year Vaccine | Rabies 3-Year Vaccine | E-Collar |
| 5-in-1 Distemper 1-Year | FVRCP 1-Year Vaccine | Pre-Surgical Bloodwork |
| 5-in-1 Distemper 3-Year | FVRCP 3-Year Vaccine | Microchip |
| Leptospirosis 1-Year | FELV/FIV Test | Dewormer |
| Heartworm Test | 2-Year FELV Vaccine | Fecal Test |
| Bordetella | Cardboard Carrier | |
| Lyme Vaccine | | |

| IV Catheter & Fluids Optional Request: \$24 | <i>We highly recommend the use of IV Catheter and fluids on all of our patients. The IV Catheter is placed before surgery and allows us to administer fluids during the procedure and to provide emergency life saving medications should your pet need them.</i> |
|--|---|
| Please INITIAL one: | |
| _____ I <u>accept</u> the use of IV Catheter & Fluids for an additional \$24. | |
| _____ I <u>decline</u> the use of IV Catheter & Fluids and understand the associated risks with induction and maintenance of anesthesia. I release attending veterinarians from any liability that may result from said refusal. | |

TERMS OF AGREEMENT

Spay Illinois uses qualified individuals & approved medical grade 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.

PLEASE carefully read, & ensure you understand, all of the information on this agreement before signing your name:

I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Animal"), hereby request & authorize Spay Illinois, including its affiliates & each of their employees, volunteers, veterinarians &/or other agents (collectively, "Spay Illinois Parties"), as appropriate & in accordance with applicable law, to receive, transport, prescribe for, treat &/or administer rabies vaccinations, if deemed necessary and even if not requested, & any other vaccinations &/or services I have selected below, &/or perform an operation for sexual sterilization of the Animal.

I understand that it takes up to two (2) weeks for vaccinations to best protect the Animal. By initialing here, I certify that the Animal has been vaccinated within one (1) year prior to this date; or waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or request recommended vaccinations at the time of surgery, as selected above with the knowledge that the Animal will still not be protected. I certify that the Animal has not bitten anyone in the last ten (10) days. **INITIAL HERE _____**

I understand the inherent risks of failing to maintain current vaccinations and that no vaccination is always 100% protective, & waive all claims arising out of, or connected with, any illnesses contracted post-surgery, including, but not limited to kennel cough or other upper respiratory infections. I am responsible for treatment at my own cost.

I understand that the operation I have elected presents some hazards, & that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure & in the use of anesthetics & drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand & accept these risks to the Animal.

I understand that Spay Illinois &/or any Spay Illinois Party has the right to refuse any service &/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.

I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at Spay Illinois, unless I choose to have it performed for an additional fee.

I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, & diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), & heartworms.

I understand that if the Animal is an acceptable surgical and/or vaccination candidate, sterilization procedures &/or vaccinations will be performed regardless of the Animal's gender &/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.

If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent medical treatment, I consent that the attending veterinarian may perform such treatment or transport the Animal to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me. I understand that my further consent will be required for non-emergency treatment EXCEPT in cases where the Animal has an open umbilical hernia, which may be repaired at the time of surgery at an additional charge of \$50 without my further consent.

I will provide recovery space that is clean, indoors, warm, and dry. I will provide proper post-surgery monitoring and care for the Animal, including but not limited to, the care described in the Post-Operative Instructions. I agree to abide by the "DOCUMENT," a copy of which is available upon my request. If I suspect the Animal has any post-operative complications, I agree to follow the Post-Operative Instructions that will be provided to me.

I understand that if the Animal is infested with fleas, Spay Illinois may, in its sole discretion, administer a flea product (including but not limited to Capstar®, which effects of treatment last 24 hours), to the Animal. I agree to pay the \$10 cost for this treatment when the Animal is picked up from Spay Illinois.

I understand that I, or someone authorized by me, must pick up the Animal from the location designated by the medical staff, & at the time designated by the medical staff on the day of the surgery and or vaccination. **I understand that I will be charged \$1.00 per minute after 5:15 PM. I understand that, if I do not retrieve the Animal at the designated time, I agree to pay a boarding fee of \$100 per night.**

I understand & agree that the Spay Illinois & Spay Illinois Parties (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal and or any vaccinations to be given to the Animal, & I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full responsibility, financial & otherwise, if the Animal becomes ill. I hereby agree to indemnify and hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

I agree that Spay Illinois and Spay Illinois Parties may take, or permit others to take, photographs or video of me and or my animal, while at Spay Illinois & that Spay Illinois and Spay Illinois Parties may use or authorize the use of the photographs or video of me and or my animal in any way it deems appropriate to support the clinic's mission, including fundraising purposes.

I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AG (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & Spay Illinois, & (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT.

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____ DATE: ____/____/____



SPAY ILLINOIS PET WELL CLINICS, INC.
2765 Maple Ave Lisle, IL 60532
2785 Maple Ave Lisle, IL 60532
No-Show/Cancellation Deposit Policy

Spay Illinois is a non-profit organization that relies on donations, grant funding, clients paying our full, low-cost prices, and every appointment being kept, to ensure that we can stay in operation and continue to assist over 25,000 pets each year. For that reason, Spay Illinois has put in place a firm No-Show Policy.

Spay Illinois requires a non-refundable \$50 deposit for every dog and \$100 for every dental appointment that is booked.

In the event that an appointment needs to be canceled or rescheduled, it's very important that Spay Illinois is given at least a **48-hour notice**. That appointment space has been reserved, thus prohibiting our ability to schedule another pet for services that day. A properly canceled or rescheduled appointment, with advanced notice of 48 hours or more, allows our organization the opportunity to fill that appointment slot with another pet in need of services.

Missed appointments have a direct impact on our ability to meet operational needs and they cost our organization valuable resources, including time and money. Missed appointments, such as repeat no-shows, have a significant impact on our organization.

A surgery/dental appointment is considered a "no-show" if the appointment is canceled with less than **48 hours'** notice or if the client fails to give any notice and fails to appear for their pet's surgery/dental appointment.

In order to reschedule after a "no-show" appointment has occurred, Spay Illinois requires another "deposit" be taken for future appointment services in the amount stated below.

- After a no-show a non-refundable deposit of \$100 is required for surgery appointments, and a non-refundable \$200 deposit will be required for any dental appointments.