



**Spay Illinois Pet Well Clinics, Inc.
2765 Maple Ave Lisle, IL 60532**

Pre Surgical Dental Care Instructions

If you are not feeling well or quarantined due to potential COVID-19 exposure, please stay home. Please remember to practice social distancing while in line for check in/check out or while walking your pet before or after surgery. We ask that you please limit the number of people coming to the clinic - please have 1 family member step up to the door for check in or check out.

DROP OFF TIME:

DENTAL DROP OFF IS 7:00 AM - 7:15 AM

If you are dropping off multiple animals in different categories, please arrive at the time of the 1st patients drop off time.

Please read and fill out our dental admission form fully.
If you have any questions, please let us know.

ARRIVAL INSTRUCTIONS:

WE HAVE TWO OFFICES. YOU WILL DROP OFF YOUR PET AT THE WELLNESS CENTER "VET CLINIC". PLEASE BE SURE TO ARRIVE AT THE CORRECT OFFICE.

Please DO NOT park along the curb in the fire lane.

PLEASE STAY IN YOUR VEHICLE AND **TEXT 630-291-8050** WITH YOUR PETS NAME AND LAST NAME. PLEASE INCLUDE IF YOU HAVE PAPERWORK COMPLETED OR NEED PAPERWORK TO FILL OUT. ONCE YOU HAVE TEXTED, YOU WILL BE INSTRUCTED WHEN TO STEP UP TO THE DOOR FOR CHECK IN.

*Unfortunately if your pet is under too much stress or aggressive and the tech is unable to handle yourpet we will not be able to perform services.

In the event you are redeeming a voucher or receiving additional discounts such as: **LINK or are a VETERAN the PROPER DOCUMENTATION MUST BE PRESENTED AT THE TIME OF CHECK-IN. The staff will not ask you for proof of your documents, it is up to the client to provide this to our staff. If you do not show your proper documentation at check-in, you will NOT be eligible to receive the discounts.

PICK UP INSTRUCTIONS:

A receptionist will call you once your pet is out of surgery to give you an update and you'll be transferred to a receptionist to take payment over the phone. If you plan to pay with cash – we ask that you have the exact amount at pick up. **We will then give you a set pick up time over the phone.**

When you arrive for pick up PLEASE STAY IN YOUR VEHICLE & TEXT 630-291-8050 with your pets name and last name. A receptionist will then let you know when you can step up to the door for discharge instructions with the tech.

- 1) We require you restrict ALL food for your cat or dog after midnight the night before/day of surgery. You may offer water until **6:00 AM** the morning of surgery. HOWEVER – any pet under 4 months of age should receive ¼ 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 small blanket or towel in the carrier with your cat.
- 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 DA2LPPv (distemper/parvo - 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 any of our clinics to have your pet vaccinated before surgery.
- 5) Tattoo – Your pet will receive a small, green tattoo near the incision site if your pet is being fixed. 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) Payment is due on the day of surgery at pick up. We are currently unable to accept personal checks. We accept cash, Mastercard, Discover, Visa, and debit. We do not accept American Express or Care Credit.
- 7) **Spay Illinois requires a 48 hour notice of appointment cancellation 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.

Thank you for your understanding,

Spay Illinois Staff



DENTAL SURGICAL ADMISSION FORM

TODAY'S DATE ____/____/____

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

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

| PROCEDURE REQUEST (PLEASE CIRCLE) | | |
|-----------------------------------|--------|--------|
| Spay/Neuter | Dental | Other: |

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/has taken any medications in the last month to my knowledge, that could impact surgical safety.

_____ If fleas are discovered on my pet a CAPSTAR treatment will be administered at my expense of \$5.

_____ I acknowledge that Spay Illinois will perform dental x-rays before procedure and agree to the dental procedure being performed regardless. **FOR SPAY/NEUTER SURGERIES: I understand that additional charges may occur in the event of: (Please INITIAL All)**

_____ \$25 Pregnancy (Canine only)

_____ \$25 In Heat (Canine only)

_____ \$40 Umbilical Hernia (Canine & Feline)

_____ \$50-\$150 Cryptorchid (Canine & Feline)

| ADDITIONAL SERVICE REQUESTS | | |
|---|--|---|
| Vaccinations for Dogs <input type="checkbox"/> Rabies 1-Year Vaccine <input type="checkbox"/> Rabies 3-Year Vaccine <input type="checkbox"/> 5-in-1 Distemper 1-Year <input type="checkbox"/> 5-in-1 Distemper 3-Year <input type="checkbox"/> Leptospirosis 1-Year <input type="checkbox"/> Heartworm Test <input type="checkbox"/> Bordetella | Vaccinations for Cats <input type="checkbox"/> Rabies 1-Year Vaccine <input type="checkbox"/> Rabies 3-Year Vaccine <input type="checkbox"/> FVRCP 1-Year Vaccine <input type="checkbox"/> FVRCP 3-Year Vaccine <input type="checkbox"/> FELV/FIV Test <input type="checkbox"/> 2-Year FELV Vaccine <input type="checkbox"/> Cardboard Carrier | Additional Services <input type="checkbox"/> Nail Trim <input type="checkbox"/> E-Collar <input type="checkbox"/> Pre-Surgical Bloodwork <input type="checkbox"/> Microchip <input type="checkbox"/> Dewormer <input type="checkbox"/> Fecal Test <input type="checkbox"/> Other: |

| | |
|---|---|
| IV Catheter & Fluids Included These are used for administering fluids during surgery and as an emergency port for administering life saving medications. | _____ I accept the use of IV Catheter & Fluids. |
|---|---|

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|--|
| For pets receiving a dental cleaning I hereby authorize Spay Illinois to perform any dental extractions that are deemed necessary by the veterinarian. Dental extractions may be necessary due to advanced dental disease or mobility. I understand that there are additional charges associated with extractions dependent on the complexity or each extraction. Extractions may require take-home antibiotics and/or anti-inflammatory medications at an additional charge. Owner Signature _____ Date ____/____/____ |
|--|

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. _____

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 &/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 \$15 without my further consent.

I will provide recovery space that is clean, indoors, warm, & dry. I will provide proper post-surgery monitoring & 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 \$5 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 &/or vaccination. I understand that, if I do not retrieve the Animal at the designated time, I agree to pay a boarding fee of \$50 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 &/or any vaccinations to be given to the Animal, & I hereby hold the Released Parties harmless from & against any & all liability & damages that may arise. I will take full responsibility, financial & otherwise, if the Animal becomes ill. I hereby agree to indemnify & 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 & Spay Illinois Parties may take, or permit others to take, photographs or video of me &/or my animal, while at Spay Illinois & that Spay Illinois & Spay Illinois Parties may use or authorize the use of the photographs or video of me &/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 AGE & THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (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

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No-Show/Cancellation Deposit Policy

Updated 04/16/2021

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 & \$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 cancelled 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.

Our team understands that life happens, creating a need to cancel or reschedule an appointment. If your financial situation has changed, please give us a call and we will gladly discuss what alternatives and/resources may be available to you.