



## Solano County Animal Care

2510 Clay Bank Road  
Fairfield, CA 94533  
(707) 784-1356

### Low Cost Spay/Neuter Clinic

Appointment Date: _____
Animal ID#: _____
VAX: _____
License: _____

You must be a resident of Solano County to utilize clinic services.  
Please call for the next available appointment.

This low-cost, quality care service is provided to the public by Solano County in an effort to reduce the thousands of animals euthanized each year. Experienced veterinarians and animal health technicians care for your pet. High-standard surgical procedures and medications are used. High-quality vaccines are given for the best protection against contagious diseases. Pets receive a free physical examination when brought in for spaying or neutering. Follow-up exams are free, but there is a charge for antibiotics, if prescribed.

**Spay:** (Ovario-hysterectomy) Removal of the ovaries, uterus, and fallopian tubes in female animals. Black tattoo ink is placed near the incision.

**Neuter:** (Castration) Removal of the testicles in male animals.

#### Pre-and Post-Operative Requirements

- Appointments must be scheduled in person, before the day of surgery. Office hours are Tuesday-Friday, 10:00 AM - 6:00 PM and Saturday, 9:00 AM - 5:00 PM.
- Payment is due at the time of scheduling. (See **Clinic Fees on page 2.**)
- Complete and sign all applicable pages of this form.
- Proof of vaccinations must be shown when scheduling the appointment (see **Eligibility Requirements below**). Vaccinations can be purchased at our Low-Cost Shot Clinic, held the first Wednesday of each month 3:00 PM – 5:00 PM, on a first come, first served basis.
- All animals must arrive at 8:00 AM the day of surgery and picked up the same day between 4:30 PM and 5:00 PM.
- **Food must be withheld at least 12 hours before bringing your pet in for surgery.** This is necessary to prevent the inhalation of vomit while under anesthesia.
- Customers must have their animals under control at all times, either on a leash or in a carrier box.

#### Animal Eligibility Requirements for Spaying or Neutering

1. Dog vaccines: DA2PP, Bordatella, Rabies. **Current as of the day of surgery.**
2. Cat vaccines: FVRCP, Rabies. **Current as of the day of surgery.**
3. Healthy cats and dogs 4 months to 8 years old are eligible for the clinic's services.
4. Dogs and cats must not exhibit behavior that our staff considers a safety risk to people or animals.
5. Dogs must have a valid Solano County License which can be purchased the day of surgery via **check or money order only.**
6. Dogs and cats must **not** be over four weeks pregnant or diseased.
7. The clinic veterinarian may disqualify any animal if, in his/her opinion, the animal is not medically sound for surgery.

Owner Name _____	Pet Name _____	Service(s) _____
Signature _____	Date _____	_____

## Why Spay or Neuter an Animal?

- Prevents needless reproduction and destruction of animals.
- It's the most effective means of preventing pregnancy.
- Eliminates or reduces the attraction of male animals to the female.
- Reduces the male's tendency to fight and the resulting wounds and infections.
- Reduces the possibility of cancer or infection of the reproductive tract.
- Results in a generally healthier, more desirable pet.
- Allows spayed and neutered dogs and cats to be licensed at half the cost of non-spayed or non-neutered animals.

## Why Would Someone Not Want to Spay or Neuter a Pet?

A purebred pet may be unable to compete in the show ring if it is spayed or neutered.

## Clinic Fees

### **Note:**

- **There is a \$25.00 extra charge if a female is in heat or less than four weeks pregnant, and for males that are cryptorchid (testicle(s) that fail to descend and remain in abdominal cavity).**
- **A \$25.00 additional fee will be charged for failure to give 24-hour notice if unable to keep the surgery appointment.**
- **A boarding fee of \$15.00 per day will be charged for animals not picked up by 6:00 PM.**

## Fee Schedule

Female dog spays under 20 lbs	\$85.00
Female dog spays 20 lbs – 50 lbs	\$95.00
Female dog spays 50 lbs – 85 lbs	\$125.00
Male dog neuters under 20 lbs	\$45.00
Male dog neuters 20 lbs – 50 lbs	\$65.00
Male dog neuters 50 lbs – 85 lbs	\$85.00
Female cat spay	\$45.00
Male cat neuter	\$25.00
No-show / missed appointment fee	\$25.00
Late dog or cat pick-up fee per day	\$15.00
Male – Cryptorchid or Female – In heat or less than 4 weeks pregnant	Add \$25.00

## Vaccinations / Microchip

### **Dog:**

<b>DA2PP Combination</b> (Distemper, Hepatitis, Parainfluenza, Parvo)	\$11.00
<b>Bordatella</b>	\$11.00
<b>Rabies</b>	\$10.00
<b>Microchip</b>	\$10.00

### **Cat:**

<b>FVRCP Combination</b> (Distemper, Rhinotracheitis, Calici Virus)	\$11.00
<b>Rabies</b>	\$10.00
<b>Microchip</b>	\$10.00



**ANESTHESIA CONSENT FORM**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(If applies) Animal belongs to rescue group name: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species: DOG CAT Sex: MALE FEMALE

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

**CONSENT FOR ANESTHESIA**

I, being of legal age and responsible for the animal described above, have the authority to grant Solano County Animal Care Spay/ Neuter Clinic and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform surgery upon the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood Solano County Animal Care Spay/ Neuter Clinic, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

I understand that the risks of any surgical procedure include respiratory arrest, cardiac arrest, bleeding and, infection. The risk of death from anesthesia and surgery is about 1 in 10,000. Our professionally trained staff keeps this risk as small as possible.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion to the attending veterinarian.

I understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 14 days the animal will be considered abandoned and the animal will be disposed of in accordance with established policy. I understand that once an animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

**Pain Management Option**

Pain control is an important part of the healing process. Just like people, certain pets seem to have a higher or lower pain threshold than others. Therefore most pets benefit from a few days of pain medicine after their surgery. All patients are given pain medicine before surgery that lasts 24 hours. Side effects are very rare with short term use, but include digestive upset and kidney problems. Discontinue use and notify your veterinarian if vomiting, diarrhea, or anorexia develops with use.

<b>I would like to purchase the recommended pain medicine to take home at \$10.00 (Dogs Only).</b>	<b>Yes</b>	<b>No</b>
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Spay/Neuter Clinic Patient Information Form

Owner/Guardian/Agent Name: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Species:  Cat  Dog Gender:  Male  Female

Animal's Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Has this animal ever exhibited fearful, timid or aggressive behavior towards people or animals? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

How long have you had this animal? \_\_\_\_\_ Where did you get him/her? \_\_\_\_\_

If this animal belongs to a 501(C)3 Rescue Group, which one? \_\_\_\_\_

Name & phone number of person authorized to make treatment decisions: \_\_\_\_\_

### PRE-SURGICAL QUESTIONS (Complete the morning of surgery.)

Telephone numbers for today: _____			Alternate Phone # for today: _____	
	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	
Has your animal eaten since midnight last night?				If yes, time: _____
Within the last 2 weeks, has your pet had: coughing, sneezing, vomiting or diarrhea?				If yes, details: _____
Is pet on medication?				If yes, what medication? _____ for how long? _____ How much? _____
Have there been any changes in eating, drinking or behavior?				If yes, explain: _____
Has your pet ever had a seizure?				If yes, explain, and list medication: _____
Has your pet had surgery before?				If yes, explain: _____
Have there been any reactions to vaccinations, drugs or medications?				If yes, explain: _____
Does this animal have any health problems?				If yes, explain: _____
Has he/she had a serious injury (hit by car/ attacked by another animal)?				If yes, describe: _____
In the past ten days, has your animal been treated for fleas, ticks or mange?				If yes, what product and route of application? _____

If animal is female:

Has she been in heat yet?				If yes, when: _____
Is she pregnant?				
If she has had a litter, has it been at least 2 weeks since the babies nursed?				

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_