

Summary of SNAP Policies

Declining Services: SNAP reserves the right to decline services due to, but not limited to: client not following policy, inappropriate behavior, aggressive pet, pet services outside our scope of work, if our veterinarian determine it is in the best interest of your pet to seek veterinary care elsewhere, if VCPR (veterinary client patient relationship) is not present or is being dissolved.

Client Communication: Our organization is committed to maintaining a positive and respectful working environment for all. Clients are expected to communicate with our staff in a professional and respectful manner. Verbal abuse, offensive language, threats, or any form of disrespect, will not be tolerated. Disregard for this policy may lead to termination of our services. The decision to terminate services it's at the Organization's discretion.

Contact us at: Info@snapus.org for service concerns or feedback, allowing 48 hours for response

Appointment Policies: Clients must be on time or cancel 24 hours prior to the scheduled appointment time. Consequences for "no show" are:

After 1 missed appointment: Non-refundable deposit may be required.

After 2 missed appointments: Appointment scheduling may be declined or pre-payment in full required.

Communication Responsibilities: Clients should read carefully all communication sent by SNAP. Confirmation/reminder email/texts, website information, and consent forms have important information. It is the client's responsibility to read and ask questions before services provided.

Surgery Acceptance Criteria: Certain breeds, age, or medical conditions are not accepted due to increase risk of complications. Acceptance of a patient for surgery may be clinic or veterinarian dependent. For additional information on what may or may not be an acceptable candidate for surgery with SNAP, please visit our [Declined and High risk surgery list](#) at SNAPUS.ORG. Not all cases can be listed, and some conditions may not be noted until the Veterinarian's exam on the day of surgery. SNAP's reserves the right to decline services for any reason.

Post-Surgery Follow-up: SNAP does not pay for medical treatment at other veterinary facilities. Anesthesia and surgery both have inherit risks. We offer free recheck exam for our surgery patients during business hours (cost of medications or treatments may apply). In some instances when complications occur outside of business hours, symptoms are not related to surgery, treatment requires tools SNAP does not have or treatment becomes an emergency to preserve your pet's life; you will be advise to seek care at a full service clinic or emergency clinic. **Clients are always responsible for these costs.**

Veterinarian Authorization: SNAP will not service animals that are too aggressive for our staff's safe handling. A SNAP veterinarian exam is required for all treatments. Negative SNAP heartworm test, or test results within 1 months of appointment are required for dog heartworm prevention prescription. All animals must present current Rabies vaccination proof at the time of service. Proof by veterinarian rabies certificate or veterinary medical record will be accepted (tags are not proof). If animal has no proof of rabies vaccine, one will be administered at client's cost. Rabies vaccines are legally required for all dogs and cats in the state of Texas.

Prescription Policy: SNAP does not give written outside prescriptions for any medication including HW, flea, tick prevention.

Appointments and payments: SNAP will not provide services without a previous appointment scheduled except when a specific date/location has advertised available walk in appointments. Walk in appointments are not guaranteed. SNAP requires payment at time of service with no exceptions.

Surgery Policy: All animals presented for spay/neuter at SNAP will receive a tattoo to indicate sterilization. If your pet is found to have fleas/ticks while at our clinics, the veterinarian may apply treatment for these to prevent spread to other patients. Clients will be responsible to pay for the necessary treatment.

Wellness Policy: SNAP does not provide wellness services for pet's over 6 months that are not spayed/neutered. SNAP does not provide services for sick or injured animals.

Signature: _____

Date: _____



Surgery Consent Form For: _____ (animal's name)

_____ I, being of legal age and responsible for the animal described above, have the authority to grant Spay-Neuter Assistance Program, Inc. (SNAP), and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above. I understand that modern techniques and trained staff will be used to care for all animals. I understand that in some cases, Veterinary medical student externs might perform surgical procedures on my pet under the direct supervision of a licensed Veterinarian. I understand that despite reasonable precautions used against injury, escape, or death of the animal; these can still occur.

_____ If in the course of treatment, a condition is discovered which requires medical attention or an additional procedure, which may include but is not limited to a hernia repair or the administration of IV fluids, the attending veterinarian may, with sole discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges. I 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, with sole discretion, can refuse to perform any procedure on any animal for any reason.

_____ 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. Additional charges will incur when a pet is not pick up by 6:00 pm on the day of it's surgery. If I do not claim the animal after 24 hours, abandonment and loss of rights process will be initiated. I will be held responsible for any and all medical costs including boarding expenses.

_____ I understand that I am required to comply with all written and oral post-operative instructions given to me by SNAP staff. I understand that while spay and neuter are low risk surgical procedures; all anesthetic and surgery events carry some level of inherent risk, including but not limited to suture reactions, allergic reactions, infection, bleeding and death. Pre-existing conditions, infectious disease, and lack of owner compliance to post-surgical instructions can also carry risk in relation to surgery and anesthesia. Feral cats, and aggressive patients will not be examined prior to sedation as it poses a risk to the staff. I understand this can increase the risk of complications or death during and post surgery. I understand that the cost associated with any treatments required due to any of the above are my responsibility. SNAP does not perform diagnostic testing prior to surgery and encourages those interested in preoperative bloodwork and other testing, especially on pets over the age of 5yrs; to have this done by their full-service veterinarian prior to surgery.

_____ A SNAP policy document has been made available to me. I have read the document and agree to follow SNAP policies.

_____ **ALL ANIMALS WILL BE SCANNED FOR A MICROCHIP, HAVE NAILS TRIMMED, HAVE AN INCISIONAL TATTOO PLACED and ALL CATS WILL HAVE AN EAR TATTOO PLACED; ALL CATS PRESENTED IN A HUMANE/FERAL TRAP WILL HAVE THEIR LEFT EAR TIP REMOVED.**

I have had the opportunity to read this form in its entirety and I have had the opportunity to ask any questions prior to my signing this consent.

Signature: _____

Date: _____

In cases where an animal has been recently acquired, found on the streets, or does not have a well-known life history; contacting the microchip company (if microchip present) can give us some important information about the animal like age, sterility status (has it been spayed or neutered) or previous ownership. Sign below to authorize Spay-Neuter Assistance Program to contact the proper microchip company if one were to be detected.

Signature: _____