



# South Central Spay/Neuter Clinic Information Form

**Please Print Clearly:**

Today's Date: \_\_\_\_\_

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

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

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

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

Pet's name: \_\_\_\_\_ Age: \_\_\_\_\_

Species:  Dog  Cat Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex:  Male  Female

Current Medications: \_\_\_\_\_ History of surgery or medical conditions: \_\_\_\_\_

## STERILIZATION REQUEST AND RELEASE

***Read and initial in appropriate blanks to indicate that you have read and understand the following statements/instructions.***

\_\_\_\_ I, acting as owner of the pet named above, hereby request and authorize the South Central Spay/Neuter Clinic, through whomever veterinarians and assistants they may designate, to perform an operation for the sexual sterilization of the animal described above.

\_\_\_\_ I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, as there is some risk in the procedure and the use of anesthetics and drugs used in providing this service.

\_\_\_\_ I either certify that my animal has been vaccinated within one year prior to this date, waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. This does not apply to rabies vaccinations, proof of current rabies vaccinations must be provided to our staff or you must elect to have a rabies vaccination given at additional charges.

\_\_\_\_ I understand if I elect not to vaccinate my animal I waive all claims arising out of or connected with the performance of this operation due to such failure. An Animal is not considered immunized for at least 28 days after the initial or primary vaccination is administered.

\_\_\_\_ I certify that my animal is in good health and has had no food since 12:00am the evening prior to surgery. I understand that the South Central Spay/Neuter Clinic has the right to refuse service to any animal that surgery is deemed a health risk. I understand that the South Central Spay/Neuter Clinic will not be performing a complete health examination on the animal before surgery is performed.

\_\_\_\_ I understand that if I don't retrieve my pet at the agreed upon time that the South Central Spay/Neuter Clinic will exercise its right to either turn the animal over to the nearest humane society or dispose of as deemed just and proper as allowed by the State of Virginia under G.S. 3.1-796.75. Owners of pets left after the agreed time and/or date shall be charged a boarding fee of no less than \$10.00.

\_\_\_\_ I hereby release the South Central Spay/Neuter Clinic, the veterinarians, assistants, and all of its officers, directors, employees and members of its staff from any and all claims arising out of or connected with the performance of this operation or procedure. I agree that I have not or will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such an animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold South Central Spay/Neuter Clinic harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

\_\_\_\_ I understand that my animal will receive a small tattoo on his/her underside to show that he/she has been sterilized.

\_\_\_\_ I understand the hours of operation for SCSNC are Monday 8am to 3pm, Tuesday thru Friday 7:30am to 3pm. Continuous care is available during these hours only. When the clinic is closed, no staff members are present.

**Please continue on reverse side**



# South Central Spay/Neuter Clinic Medical Form

## VACCINATION REQUEST AND RELEASE FOR SURGERY

I, acting as owner of the aforesaid pet, request and authorize the South Central Spay/Neuter Clinic, to vaccinate my animal and perform the following services including spay/neuter, I also agree to pay for all of the services requested\*:

**CATS:**

- Feline Distemper (FVRCP) (\$8)
- Feline Leukemia (\$10)
- FIV / Felv Test (\$17)
- Nail Trim (Free)
- Revolution (\$15)
- Ear Tip (Free)

**CATS / DOGS:**

- 1-year Rabies (\$8)
- 3-year Rabies (\$8)  
(Given only to animals who have proof of a current rabies certificate)
- Flea/Tick Treatment (\$5)
- Pain Medication (\$2)

**DOGS:**

- Canine Distemper (DHPPC) (\$8)
- Kennel Cough (\$8)
- Heartworm Antigen Test (\$15)
- Nail Trim (Free)
- Micro-Chip (\$15)
- Health Certificate (\$5)

\*Additional charges may apply (i.e. pregnant, cryptorchid, etc)

I have proof of current rabies vaccination – Staff member Signature: \_\_\_\_\_  
DVM: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I have read all of the above information and I understand that vaccinations cause adverse reactions in some animals. I hereby release the South Central Spay/Neuter Clinic, the veterinarians, assistants, and all of its officers, directors, employees and members of its staff from any and all claims arising out of or connected with giving these vaccines.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR CLINIC USE ONLY**

Dr. \_\_\_\_\_ Owner Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Preferred Emergency Number: \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_ DOG / CAT HWT:  POS  NEG  
FIV/FELV:  POS  NEG

- OHE  OHE Preg 1 2 3  Post-Partum  Scrotal  Crypt
- OHE Heat  ABS  Surgical Scar  Prescrotal  ABN

\_\_\_\_\_ cc Ace SC \_\_\_\_\_ cc dilute Ace IM SC \_\_\_\_\_ Telazol IM IV \_\_\_\_\_ Morphine IM

\_\_\_\_\_ cc Atr SC IV IM \_\_\_\_\_ Naxalone IM IV \_\_\_\_\_ cc Epi IV IT \_\_\_\_\_ Buprenex SC IM IV

\_\_\_\_\_ cc Dexa IV SC \_\_\_\_\_ cc Metacam SQ \_\_\_\_\_ Glyco SQ IV, IM \_\_\_\_\_ cc PPG SC

- FVRCP SC  FELV  Bordetella  DA2LPPv  1 yr Rabies SC  3 Yr Rabies SC

**Additional Charges**

- \_\_\_\_\_ Pregnant
- \_\_\_\_\_ Cryptorchid- Inguinal \_\_\_\_\_  
Abdominal \_\_\_\_\_
- \_\_\_\_\_ Hernia – In guinal \_\_\_\_\_  
Abdominal \_\_\_\_\_
- \_\_\_\_\_ E-Collar
- \_\_\_\_\_ Other

Owner's signature at pickup: \_\_\_\_\_