

Lynchburg Humane Spay/Neuter Clinic
STERILIZATION REQUEST AND RELEASE

Read carefully and sign 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 Lynchburg Humane 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 also agree to agree to pay for all services requested. Additional charges may apply.

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 not 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 that due to the number of animals that come through this facility on a daily basis, your animal could be exposed to contagious illnesses, such as Bordetella (kennel cough). We take every precaution possible to prevent the spread of illnesses in our clinic. However, sometimes animals do not show symptoms while they are here, but may still be contagious. Although animals in this facility do not come in direct contact with each other, they can still be exposed to these illnesses and are at increased risk if not fully vaccinated when coming into our facility.

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 Lynchburg Humane Spay/Neuter Clinic has the right to refuse service to any animal that surgery is deemed a health risk. I understand that the Lynchburg Humane 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 Lynchburg Humane 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.

I hereby release the Lynchburg Humane 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 Lynchburg Humane 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 if my animal is pregnant, the pregnancy will be terminated at the time of the surgery.

I have read and understand all of the information presented on this form. I also understand that vaccinations cause adverse reactions in some animals. I hereby release the Lynchburg Humane 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.

I understand the hours of operation for the Lynchburg Humane Spay Neuter Clinic are Monday 8am to 3pm, Tuesday thru Thursday 7:00am to 4:30pm. Continuous care is available during these hours only. When the clinic is closed, no staff members are present. Discharge is typically same day. Late pick-up may incur additional charges

Date: _____ Signature at Arrival: _____

I have received Verbal/written instructions for the care of my discharged animal and agree to provide such care as instructed

Owner's signature at pickup: _____

Lynchburg Humane Spay/Neuter Clinic

29 Mortimer Drive, Evington, VA 24550
434-821-4922

Admissions Form

Animal# _____

Cash _____ Check _____

Credit _____ Debit _____

Total: \$ _____

Appointment Date: _____

Your Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pet's Name: _____ Pet's Age: _____ Species: Dog Cat

Breed: _____ Color: _____ Sex: Male Female

Current Medications: _____

History of Medical Conditions: _____

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 (addition charges may apply i.e. pregnant, cryptorchid, excessive flea/tick infestation).

CAT SERVICES:

- Distemper (FVRCP)
- FIV/Felv Test
- Felv Vaccination (must select FIV/Felv test from above)
- Nail Trim (Free)
- Revolution
- Ear Tip (This is for free-roaming /outdoor or feral cats. Removal of tip of ear for identification of being spayed/neutered)

CAT & DOG SERVICES:

- 1-year Rabies Vacc
- 3-year Rabies Vacc* (must have proof of current rabies vacc)
- Flea/Tick Spray
- Flea/Tick Topical
- Microchip (free registration)
- Frontline Plus (3 month supply)
- E-collar (\$5-10) (to prevent licking at the surgical site)
- Health Certificate (\$5)
- Decline Free Dog Nail Trim

DOG SERVICES:

- Distemper (DHPPC)
- Kennel Cough (Bordetella)
- Heartworm Test
- Heartworm Preventative (must select Heartworm Test from above)
- Seresto Flea/Tick Collar
- WormXPlus (De-Wormer)

___ I have proof of current rabies vaccination * Staff member signature: _____

Present Proof of Rabies at time of appointment DVM: _____ Exp Date: _____

FOR CLINIC USE ONLY

Dr. _____ Prep: _____ LVT: _____ Recovery: _____

Weight: _____

___ OHE ___ OHE PREG 1 2 3 ___ ABS ___ ABN ___ Scrotal ___ Crypt

___ OHE Heat ___ Post Partum ___ Flank ___ Surgical Scar ___ Prescrotal

CAT: ___ ml DexDomitor IM ___ ml Ketamine IM ___ ml Torb SQ IM ___ ml Bup SR SQ IM ___ ml Antisedan IM

___ ml Dilute Ace SQ IM FIV/FELV: ___ POS ___ NEG

DOG: ___ ml Ace SQ IM IV ___ ml Telazol IM IV ___ ml HydromorphIM ___ ml Carprofen INJ SQ ___ ml Bup SR IM SQ

___ ml Lidocaine IM IV Block ___ CARPROFEN PO _____ HWT: ___ POS ___ NEG

___ ml Atr SC IV IM ___ ml Dexa IV SC ___ ml Glyco SQ IV IM ___ ml Naxolone IV IM ___ ml PPG SC

Additional Charges:

- ___ Pregnant ___ Dewclaw Rmvl
- ___ Inguinal Crypt ___ Abdominal Crypt
- ___ Abdominal Hernia ___ Inguinal Hernia
- ___ E-Collar ___ Other _____
