

Cash _____
 Check _____
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Lynchburg Humane Society
 29 Mortimer Dr. • Evington, VA 24550
 Ph: 434-821-4922•
 www.lynchburghumane.org



Owner name:	Animal Name:	Cat Dog	Date:
Address:	Breed:	Color:	M / F AGE:
City , State and Zip Code:	Cell Phone Number :	E-Mail:	
Current Medications:	Medical History :		
Trapper Contact Info: _____ Phone Number : _____	Colony Address: _____ _____	SPONSOR	

PLEASE SELECT THE SERVICES YOU WOULD LIKE YOUR PET TO RECEIVE TODAY

CAT SERVICES:	DOG SERVICES:
<input type="checkbox"/> 1-year Rabies Vacc _____	<input type="checkbox"/> 1-year Rabies Vacc _____
<input type="checkbox"/> 3-year Rabies Vacc* (must have proof of current rabies vacc)_____	<input type="checkbox"/> 3-year Rabies Vacc* (must have proof of current rabies vacc)_____
<input type="checkbox"/> Distemper (FVRCP) _____	<input type="checkbox"/> Distemper (DHPPC) _____
<input type="checkbox"/> FIV/Felv Test _____	<input type="checkbox"/> Kennel Cough (Bordetella)_____
<input type="checkbox"/> Felv Vaccination (must select FIV/Felv test from above) _____	<input type="checkbox"/> Heartworm Test_____
<input type="checkbox"/> Microchip (free registration)_____	<input type="checkbox"/> Heartworm Preventative (must select Heartworm Test from above)
<input type="checkbox"/> Revolution (for treatment of ear mites and fleas) _____	<input type="checkbox"/> Microchip (free registration)_____
<input type="checkbox"/> Decline Free Nail Trim	<input type="checkbox"/> E-collar (\$5-10) (to prevent licking at the surgical site)_____
<input type="checkbox"/> E-collar (\$5-10) (to prevent licking at the surgical site)_____	<input type="checkbox"/> Seresto Flea/Tick Collar
<input type="checkbox"/> Ear Tip (This is for free-roaming /outdoor or feral cats.	<input type="checkbox"/> Decline Free Nail Trim
Removal of tip of ear for identification of being spayed/neutered)	

Prep: _____ **LVT :** _____ **Recovery:** _____ **Time:** _____

Physical Exam: WNL Abnormal Exam Not Done – See Vet notes for reason

SFC: _____ **CAPSTAR:** _____ **Weight:** _____

Anesthesia: CAT ET _____	Anesthesia: DOG ET _____
___ml DexDomitor IM ___ml Ketamine IM	___ml Ace SQ IM IV ___ml Telazol IM IV
___ml Torb SQ IM ___ml Bup SR SQ IM	___ml HydromorphIM
___ml Antisedan IM ___ml Dilute Ace SQ IM	___ml Carprofen INJ SQ ___ml Bup SR IM SQ
___ml Lidocaine IM IV Block	___ml Lidocaine IM IV Block
Antibiotic: Penicillin G (300,000 units/ml) _____ml SC	TGH: _____ Carprofen _____ml Metacam
Convenia _____ml SC	Antibiotic: Penicillin _____ml SC Convenia _____ml SC
Fluids IV/ SQ : _____	Fluids IV/SQ: _____
Somnasol : _____ml # of fetuses _____	Somnasol : _____ml # of fetuses _____

___ OHE ___ OHE Heat ___ OHE PREG 1 2 3 ___ Post-Partum ___ Flank ___ Umb Hernia ___ Scrotal ___ Prescrotal ___ Abd. Crypt ___ Ing. Crypt ABN/ABS _____	Surgery: ___ Sara Bray , DVM ___ Lorna- Marie Coyle, DVM ___ Catharine Ralston , DVM	TEST RESULTS FIV: NEG/ POS FEL : NEG / POS HW : NEG/ POS
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RABIES
STICKER

Bordetella

FVRCP/DHPPC
STICKERS

FELV
STICKER

MICROCHIP
STICKER

VET NOTES:

Authorization/Consent

(Please check each box to indicate you have read each statement)

- I am the owner (or owner's authorized agent) of the above named animal, and I hereby grant permission to Lynchburg Humane Society to surgically sterilize this animal.
- If, in the course of treatment, a condition is discovered requiring medical attention, the veterinarian may, at their discretion, perform or refuse to perform such procedures.
- I agree to pay for the additional cost of antibiotics, e-collar, flea/tick treatment and any additional surgical cost deemed necessary by the staff of Lynchburg Humane Society
- I understand the hours of operation for the Lynchburg Humane Spay Neuter Clinic are Monday thru Thursday 7:00am to 4:00pm. Continuous care is available during these hours only. We are closed 4pm to 7 am Monday-Wednesday and we close at 4 pm on Thursday and remain closed until 7 am Monday. When the clinic is closed, no staff members are present. Discharge is typically same day. Late pick-up fee of \$ 10 for any animal pick up after 10:00 am
- I certify that the above named animal is in good general health and that I have disclosed any known medical conditions to the LHS and all current medications that my animal is taking. I certify that my animal has had no food since 12:00 the night prior to surgery and no water since 6 am the morning of surgery.
- I understand that due to the number of animals that come through this facility on a daily basis, my 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 the risks associated with any surgery, including the possibility of death, and I am willing to accept these risks.
- I agree to follow all instructions on the post-operative care sheet and attest that I have received a copy
- 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 charge
- I understand if my animal is pregnant, the pregnancy will be terminated at the time of the surgery.
- I understand that my animal will receive a small tattoo on his/her underside to show that he/she has been sterilized.
- 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

___ PLEASE CHECK HERE IF YOU WOULD LIKE TO RECEIVE A METAL RABIES TAG FOR YOU PET. WE ARE CURRENTLY ISSUSING PAPER CERTIFICATS UNLESS A TAG IS REQUESTED

___ (Please initial) I have proof of current rabies. This is required for surgery and/or 3 year rabies. If no proof is provided your animal will receive a one year rabies Please present your written rabies certificate to staff member at arrival.

DVM: _____ Exp Date: _____ Staff Member initials: _____

Owner Signature at Arrival: _____ Date : _____

Owner Signature at Pick-up : _____ Date: _____