** Lynchburg Humane Society**

**OFFICE USE ONLY**
**Cash**: amt \_\_\_\_\_ staff initials \_\_\_\_\_\_\_

**Credit**: amt \_\_\_\_ issuer & last 4 \_\_\_\_\_

 ***29 Mortimer Dr, Evington, VA 24550***

 **Phone: 434-821-4922**

 **www.lynchburghumane.org**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client/Caretaker:** | **Pet Name:** | **Dog** | **Date:** |
| **Client Address:** | **Pet Breed, if Known.** | **COLOR:** | Male / Female\_\_\_\_Years\_\_\_\_\_Months |
| **Phone:**  | **E-Mail:** |
| What else should we know about your dog? (*ex: history, # of litters, injuries, concerns*) | Any current medications or preventatives? | Who is paying, if not you? |

***PLEASE SELECT THE SERVICES YOU WOULD LIKE YOUR DOG TO RECEIVE TODAY:***

|  |  |
| --- | --- |
| ☐ 1-year Rabies Vacc ($15) \_\_\_\_☐ 3-year Rabies Vacc (must have proof of prior vacc) ($15) \_\_\_☐ Distemper/Parvo (DHPPC) ($15) \_\_\_\_\_☐ Bordetella (Kennel Cough) ($15) \_\_\_\_\_☐ Heartworm Test ($25) \_\_\_\_☐ 4way Heartworm/Tick Disease test (4DX) ($35)\_\_\_\_\_  | ☐ Microchip (free lifetime registration) ($25)\_\_\_\_ ☐ E-collar ($5-30) (prevents licking at the surgical site)\_\_\_\_\_\_☐ Oral Dewormer (Pyrantel) ($5/dose)\_\_\_\_\_\_☐ Seresto Collar (6-8month flea/tick prevention) ($60) \_\_\_\_\_☐ Sedation to go home ($15) \_\_\_\_\_\_\_\_☐ Pre-op Bloodwork (required for pets over 8 yrs)\_\_\_\_ |

**Prep:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LVT :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recovery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Exam: 🞎 WNL 🞎 Abnormal ☐ Hernia ☐ Dewclaws ☐ Shivering 🞎 Exam Not Done**

***SFC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Fleas? Yes No CAPSTAR Given: \_\_\_\_\_PO \_\_\_\_\_IR* **Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TGH**:\_\_\_\_\_\_ml Meloxicam PO \_\_\_\_\_\_X\_\_\_\_\_\_Days

**ABX:** Cephalexin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PO BID \_\_\_\_\_\_ Days

Clavamox\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PO BID \_\_\_\_\_\_Days

Trazodone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PO BID \_\_\_\_\_\_Days

**Somnasol :\_\_\_\_\_\_\_\_**ml # of fetuses\_\_\_\_\_\_\_\_\_\_

**Fluids IV/SQ:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ml LRS Cath:\_\_\_\_\_\_\_\_**

**Anesthesia**: **DOG** ET\_\_\_\_\_

 \_\_\_ml Ace SQ IM IV \_\_\_\_ml Butorphanol IM

 \_\_\_ml Midazolam IV \_\_\_\_\_ml Ketamine IM IV

 \_\_\_ml Carprofen INJ SQ \_\_\_\_\_ ml Lidocaine IM IV Block

 \_\_\_\_ml Propofol IV \_\_\_\_\_\_ml Meloxicam SQ

**TEST RESULTS**

**HW: NEG / POS**

**LYM : NEG / POS**

**ERL: NEG / POS**

**ANA : NEG / POS**

|  |  |
| --- | --- |
| \_\_\_\_ OHE \_\_\_\_ OHE Heat \_\_\_\_ OHE Preg \_\_\_\_ Post-Partum \_\_ Umbilical Hernia  \_\_ Scrotal \_\_\_ Prescrotal \_\_\_ Pediatric  \_\_\_ Abd. Crypt \_\_\_ Ing. Crypt ABN/ABS\_\_\_\_\_ Tattoo Y / N Scar Y /N | **Surgery:**  **\_\_\_\_\_\_ Nicole Pettry , DVM (VIC)** **\_\_\_\_\_\_\_ DECLINED** **Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

MICROCHIP

STICKER

DHPPC

STICKERS

RABIES STICKER

BORDETELLA

STICKER

 **VET NOTES:** *Clinic Use Only*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Authorization/Consent**

**Please check each box to indicate you have read and agree with 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. All patients will receive a free nail trim.

**🞎** 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.

**🞎** I give South Central Spay Neuter Clinic permission to use images of my pet on social media platforms.

**\_\_\_\_\_\_ CHECK HERE TO REQUEST A METAL RABIES TAG. You will only be issued a paper certificate unless a tag is requested.**

***\_\_\_\_\_\_* INITIAL HERE TO VERIFY THAT YOU HAVE PRESENTED PROOF OF A CURRENT RABIES VACCINE TO A STAFF MEMBER.
*This is required for surgery and/or a 3-year rabies vaccine. If no proof is provided, your pet will receive a 1-year rabies vaccine.***

***DVM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Member Initials: \_\_\_\_\_\_\_\_\_\_\_\_***

Owner Signature at Arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Signature at Pickup: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_