

OFFICE USE ONLY

method: cash / cc staff initials _____

amt _____ issuer _____ last 4 _____

Lynchburg Humane Society Spay & Neuter Clinic Surgery Consent

OWNER INFO	Owner Name		Date of Surgery	
	Street Address		City	State Zip
	Cell Phone	Home Phone	Email	

PET INFO	Name (If adopted, please include Adopted Name <u>and</u> Shelter Name)		Species	Gender
	Age	Breed, if known	Color	Cats Only: Short, Medium, or Long Hair:
	Mix: Yes No			
Concerns (<i>anxiety, aggressive, medical history</i>)		Feral Cats Only: Trapper Name: Colony Address:		Sponsoring Organization to cover the cost of surgery (<i>if applicable</i>)

TERMS	Please carefully read, and ensure you understand the following: <ul style="list-style-type: none"> 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 costs of such procedures as well as any additional costs, including but not limited to antibiotics, an e-collar, or flea & tick treatment. All patients except community cats will receive a free nail trim. I understand the hours of operation for the Lynchburg Humane Spay Neuter Clinic are Monday thru Thursday 7:00am to 4:00pm and that continuous care is available during these hours only. I understand that the clinic is closed 4pm to 7am Monday-Wednesday and from 4 pm on Thursday until 7 am Monday and during these times, no staff members are present. I understand that unless other arrangements are made, discharge is to be the same day and that failure to pick up my animal during clinic hours will result in a \$10 fee per day. I certify that the above named animal is in good general health and that I have disclosed any known medical conditions and all current medications that my animal is taking. I certify that I have followed all pre-operative instructions and my animal has had no food since 12AM the night prior to surgery and no water since 6AM the morning of surgery. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand, in particular, that if the animal develops kennel cough or other upper respiratory infections after surgery, I am responsible for treatment at my own cost. I understand that the operation I have elected presents some hazards, and that injury to and post-operative infection in, or death of, the animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as any vaccines used. I understand that general anesthesia will be administered to the animal for surgery. I understand and accept these risks to the animal. I understand if my animal is pregnant, the pregnancy will be terminated at the time of the surgery. I understand my animal will receive a small tattoo on his/her underside to show that he/she has been sterilized. I acknowledge that I have received the Post-Operative Care Instructions and will provide proper post-surgery monitoring and care for the animal including, but not limited to, the instructions. I either certify that I have proof that my animal has an active rabies vaccine or give permission to have a rabies vaccine administered at the time of surgery at my cost. 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. I hereby agree 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 Lynchburg Humane Society and its Spay & Neuter Clinic permission to use images of my pet on social media platforms. 			
	CONSENT	By signing, I acknowledge that I have read, understood, and agree to all of the terms listed above and affirm that the information I have provided is correct.		
Owner Signature: _____		Date: _____		

Rabies Sticker	Distemper Sticker(s)	Other Vaccine Sticker(s)	Microchip Sticker
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Appointment Date: Owner Name: Animal Name: Gender: M / F

SERVICES	Dog & Cat Services: <input type="checkbox"/> 1-year Rabies Vaccine \$15 _____ <input type="checkbox"/> 3-year Rabies Vaccine \$15 _____ <i>(must show proof of previous rabies vaccine)</i> <input type="checkbox"/> Microchip \$25 _____ <input type="checkbox"/> E-collar (cone) \$5-30 _____ <input type="checkbox"/> Oral Dewormer (Pyrantel) \$5 <input type="checkbox"/> Seresto Collar \$60 <i>(6-8 month flea & tick preventative)</i> <input type="checkbox"/> Capstar (kills fleas for 24 hr) \$5 _____	Dog Services: <input type="checkbox"/> Distemper/Parvo Vaccine \$15 _____ <input type="checkbox"/> Bordetella Vaccine \$15 _____ <input type="checkbox"/> Heartworm & Tick-Borne Disease Test (4DX) \$35 _____ <input type="checkbox"/> Sedative to Take Home <input type="checkbox"/> 5 day supply \$15 _____ <input type="checkbox"/> 10 day supply \$30 _____ <input type="checkbox"/> Preoperative Bloodwork \$45 <i>(required for pets over 8 years old)</i>	Cat Services: <input type="checkbox"/> Purevax 1 yr Rabies \$20 _____ <input type="checkbox"/> Distemper Vaccine \$15 _____ <input type="checkbox"/> FIV/Feline Leukemia Test \$25 _____ <input type="checkbox"/> FeLV Vaccine \$15 _____ <i>(must have test done to receive OR be less than 6 months old)</i> <input type="checkbox"/> Revolution Plus \$20 _____ <i>(fleas, ear mites, ticks, & worms for 1 month)</i> <input type="checkbox"/> Cardboard Cat Carrier \$5 <input type="checkbox"/> Ear Tip (REQUIRED to receive the \$35 community cat price)
	Metal Tag Request: If your pet is receiving a rabies vaccine today, check here to request a metal tag in addition to the paper certificate. <input type="checkbox"/>		

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Rabies Verification: DVM:		Expiration Date:		Staff Member Initials:	
Microchip:			Weight:		
Physical Exam: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <input type="checkbox"/> Hernia <input type="checkbox"/> Dewclaws <input type="checkbox"/> Purring <input type="checkbox"/> Shivering <input type="checkbox"/> Exam Not Done					
Prep:		LVT :		Recovery:	
Parasites: Yes / No		Type:		Capstar Given: _____ PO _____ IR	
_____ OHE _____ OHE Heat _____ OHE Pregnant _____ Post-partum _____ Flank _____ Umbilical Hernia _____ Scrotal _____ Prescrotal _____ Pediatric _____ Ing Cryptorchid: R / L _____ Abd Cryptorchid: R / L _____ Already Been Sterilized Tattoo: Y / N Scar: Y / N Declined: _____ Reason: _____					
Surgery:		Dog Test Results:		Cat Test Results:	
_____ Megan Dunn, DVM _____ Stephanie Mitchell, DVM _____ Other		_____ HW: NEG / POS LYM: NEG / POS ERL: NEG / POS ANA: NEG / POS		_____ FiV: NEG / POS FeLV: NEG / POS	
Anesthesia:		CAT ET		TGH: _____ ml Meloxicam _____ PO x _____ Days	
ml TEL/Torb/Dex IM		2 nd dose TTD IM		ABX: Clavamox _____ PO BID _____ Days Convenia _____ ml SC	
ml Bup ER SQ		ml Meloxicam SQ		Pyrantel _____ PO 1 day post op	
ml Antisedan IM		ml Lidocaine Local Block		Fluids IV/SQ: _____ ml LRS # of fetuses: _____ Euth. Sol: _____ ml	
Anesthesia:		DOG ET		TGH: _____ ml Meloxicam _____ PO x _____ days	
ml Ace SQ IM		ml Butorphanol IM		ABX: Cephalexin: _____ PO BID x _____ days	
ml Midazolam IV		ml Ketamine IM IV		Clavamox: _____ PO BID x _____ days	
ml Carprofen INJ SQ		ml Lidocaine Local Block		Pyrantel: _____ PO 1 day post op	
ml Propofol IV		ml Meloxicam SQ		Trazodone: _____ PO BID _____ days # _____ Refill _____	
mL Buprenorphine IM				Fluids IV/SQ: _____ ml LRS # of fetuses: _____ Euth. Sol: _____ ml	

Veterinarian Notes:
