

OFFICE USE ONLY

method: cash / cc staff initials _____

Lynchburg Humane Society Spay & Neuter Clinic Surgery Consent

OWNER INFO	Owner Name		Date of Surgery	
	Street Address		City	State
	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:
	Concerns: (anxiety, aggression, medical history)		Sponsoring Organization cover the cost of surgery (if applicable)	

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 (except rabbits). 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 and 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 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 (except rabbits). 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

S E R V I C E s	Dog & Cat Services: <input type="checkbox"/> 1-year Rabies Vaccine \$20 _____ <input type="checkbox"/> 3-year Rabies Vaccine \$20 _____ <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 DOG (Pyrantel) \$10 <input type="checkbox"/> Oral Dewormer CAT (Pyrantel) \$5 <input type="checkbox"/> Capstar (kills fleas for 24 hr) \$5 _____ <input type="checkbox"/> Preoperative Bloodwork \$50 <i>(required for pets over 8 years old)</i>	Dog Services: <input type="checkbox"/> Distemper/Parvo Vaccine \$25 _____ <input type="checkbox"/> Bordetella Vaccine \$20 _____ <input type="checkbox"/> Heartworm & Tick-Borne Disease Test (4DX) \$40 _____ <input type="checkbox"/> Sedative to Take Home <div style="text-align: center;"><input type="checkbox"/> 10 day supply \$20 _____</div> <input type="checkbox"/> Metal Rabies Tag	Cat Services: <input type="checkbox"/> Purevax 1 yr Rabies \$30 _____ <input type="checkbox"/> Distemper Vaccine \$25 _____ <input type="checkbox"/> HW/FIV/Feline Leukemia Test \$35 _____ <input type="checkbox"/> FeLV Vaccine \$25 _____ <i>(must have test done to receive OR be less than 6 months old)</i> <input type="checkbox"/> Revolution Plus \$35 _____ <i>(fleas, ear mites, ticks, & worms for 1 month)</i> <input type="checkbox"/> Cardboard Cat Carrier \$15 <input type="checkbox"/> Ear Tip (REQUIRED to receive the \$55 community cat price)

FOR CLINIC USE ONLY

Rabies Verification: DVM:			Expiration Date:			Staff Member Initials:		
Microchip:					Weight:			
Physical Exam: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal <input type="checkbox"/> Active <input type="checkbox"/> Panting <input type="checkbox"/> Purring <input type="checkbox"/> Shivering <input type="checkbox"/> Exam Not Done <input type="checkbox"/> Bite History <input type="checkbox"/> Growling/Hissing <input type="checkbox"/> Swat Team <input type="checkbox"/> Will Bolt <input type="checkbox"/> Sketchy <input type="checkbox"/> Reactive <input type="checkbox"/> Nervous/Anxious								
Check In:		Prep:		Recovery:		Time:		
Parasites: Yes / No			Type:		Capstar Given:		_____ PO _____ IR	
_____ OHE _____ OHE Heat _____ OHE Pregnant _____ Post-partum _____ Flank _____ Umbilical Hernia _____ Scrotal _____ Prescrotal _____ Pediatric _____ Cryptorchid: R / L _____ Abd/ Ing _____ Already Been Sterilized Tattoo: Y / N Scar: Y / N Declined: _____ Reason: _____								
Surgery:		_____ Megan Dunn, DVM		_____ Ashley Phillips, DVM		_____ Attending DVM		
Cat Test Results: _____				Dog Test Results: _____				
FeLV: NEG / POS FIV: NEG / POS HW: NEG / POS				HW: NEG / POS LYM: NEG / POS ERL: NEG / POS ANA: NEG / POS				
Cat		ET		Dog		ET		
ML Tel/Torb/Dex IM		2 nd Dose TTD		mL Ace SQ IM		mL Butorphanol IM		
mL Bup ER SQ		mL Lidocaine Local Block		mL Midazolam IM IV		mL Ketamine IM IV		
mL Antisedan IM		2 nd Dose Antisedan		mL Propofol IV		mL Lidocaine Local Block		
mL Meloxicam SQ		mL Buprenorphine IM		mL Buprenorphine IM		mL Meloxicam SQ		
Convenia SQ :		mL		Meloxicam :		mL		PO Days
Fluids IV/SQ:		mL LRS		Fluids IV/SQ:		mL LRS		
# of fetuses:		Euth. Sol: ml		# of fetuses:		Euth. Sol: ml		
Pyrantel:		PO 1 day post op		Pyrantel:		PO 1 day post op		
Gabapentin :		PO BID Days		Gabapentin :		PO BID Days		
Clavamox/Betacillin:		PO BID Days		Trazodone:		PO BID Days		

Concerns/Medical History:

Veterinarian Notes: _____
