

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
	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

SERVICES	Dog & Cat Services:	Dog Services:	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>	<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 <input type="checkbox"/> 10 day supply \$20 _____ <input type="checkbox"/> Metal Rabies Tag	<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: _____
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Microchip: _____	Weight: _____
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____ Physical Exam: WNL Abnormal Active Panting Purring Shivering Exam Not Done
 Bite History Growling/Hissing Swat Team Will Bolt Sketchy Reactive Nervous/Anxious

Check In: _____	Prep: _____	Recovery: _____	Time: _____
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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: _____ **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
Zorbium .4ml (pk)	Zorbium 1ml (GR)		

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: _____
