

SpayNeuterNac

ADMISSION FORM

Surgery Date: _____

Owner Info Last Name _____ First Name _____ Client ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phones where we can reach you today: Work: _____

Home: _____ Cell: _____

Pet Info Name: _____ Pet Date of Birth or age: _____ Pet ID#: _____

Color(s): _____ Breed: _____

Circle One: [Dog Cat] [Male Female] Has Your Pet Had a Litter (circle one)? 0 1 2 or more

Who is your regular veterinarian? _____

How did you hear about our clinic? Sign Animal Shelter Humane Society St Francis O'Malley Radio Newspaper
TV Word of Mouth Internet Other: _____

I, acting as owner or agent of the pet named above, hereby request and authorize Nacogdoches Animal Shelter, through veterinarians they designate, to perform a surgery for sexual sterilization of the animal named on the above portion of this form. I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery.

Vaccination. Check one of the following:

- I certify that my animal has been vaccinated within one year prior to this date, and have proof of rabies vaccination
 I request recommended vaccinations at the time of surgery.

I understand that it takes up to two weeks for vaccinations to protect my animal. 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 that my dog will receive a rabies vaccine if no proof of current rabies vaccination is provided.

Certification of Health. I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery. I understand that Nacogdoches Animal Shelter has the right to refuse service to any animal to whom surgery is deemed a health risk. I understand that my pet will receive a pre-surgical evaluation by a veterinary technician or trained volunteer, but may not be examined by a veterinarian prior to surgery. I also understand that my animal will likely not receive pre-operative bloodwork and waive my right to have these pre-operative services performed prior to surgery at a full service veterinarian. I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.

Pregnancy, hernias and undescended testicles. I understand that if my animal is pregnant, the pregnancy will be terminated at surgery. I understand that if my animal has an open umbilical hernia, it may be repaired at time of surgery, resulting in a larger incision than usual. I understand that if both testicles are not present in the scrotum, my male dog will have exploratory surgery for the presumed retained testicles, resulting in an additional fee of \$20-30.

Pick-up after surgery. I understand that if I don't retrieve my pet at the agreed upon time that the Nacogdoches Animal Shelter will consider my pet a stray, and will handle my pet according to shelter policies for handling stray pets. Owners of pets left after the agreed time and date shall be charged a boarding fee of no less than \$10 per night.

Patient Pick-up time: _____ Patient Pick-up Date: _____

Release. I hereby release the City of Nacogdoches, Nacogdoches Animal Shelter, Humane Society of Nacogdoches, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and 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 animal or any consequences related thereto. Owner/ agent hereby agrees to indemnify and hold the City of Nacogdoches, Humane Society of Nacogdoches County and other involved parties harmless for any damages caused during transportation of the animal.

YOUR ANIMAL MUST BE IDENTIFIED AS SURGICALLY STERILIZED BY CHOOSING ONE OF THE FOLLOWING BELOW:
MICROCHIP. TATTOO OR CAT LEFT EAR TIP. CITY TAGS WILL BE ISSUED TO THOSE WHO LIVE WITHIN CITY LIMITS.

Requested services:

- | | | |
|---|--|--|
| <input type="checkbox"/> Canine DHPP vaccine (\$7.50) | <input type="checkbox"/> City Tag (\$5) | <input type="checkbox"/> Fecal Worm Test (\$5) |
| <input type="checkbox"/> Bordetella vaccine (\$5) | <input type="checkbox"/> Spay/Neuter (fee _____) | <input type="checkbox"/> Canine Heartworm Test (\$7) |
| <input type="checkbox"/> FVRCP-FeLV vaccine (\$10) | <input type="checkbox"/> Microchip (\$10) | <input type="checkbox"/> Feline Leuk Test (\$10) |
| <input type="checkbox"/> Rabies Vaccine (\$5) | <input type="checkbox"/> Ear tip or Tattoo (no charge) | <input type="checkbox"/> Nail Trim (no charge) |

Signature: _____ Print Name: _____ Date: _____

Total Fees: _____ Owner Co-Pay: _____ Subsidy: HS OM CN SF _____