

# INTAKE FORM

Date of Surgery

Your Organization (YO)  
(XXX) XXX-XXXX

Cash \$ \_\_\_\_\_

Check # \_\_\_\_\_

Visa/M-Card \$ \_\_\_\_\_

Animal ID # \_\_\_\_\_

First Name  Last Name  Emergency Phone (in case of complications)  Cell Phone

Street Address  City  State  Zip Code

Animal's Name  Animal's Age (Years)  Animal's Age (Months)  Contact Email

Dog  Cat

Transport Group Name  Animal's Breed  Animal's Color(s)

Male  Female

- Has the Animal been to a veterinarian within the last 30 days?  No  Yes (regular checkup)  Yes (vaccines)  Yes (sick/injured) Please describe: \_\_\_\_\_
- Has the Animal had any previous surgeries?  No  Yes Please describe: \_\_\_\_\_
- Has the Animal been eating/drinking normally?  No  Yes
- Did the Animal have a small breakfast this morning?  No  Yes
- Does the Animal have any current medical/health conditions (check all that apply)?  No  Coughing  Sneezing  Vomiting  Diarrhea  Lethargy  Vaccine reactions  Allergies  
Other condition (please describe): \_\_\_\_\_
- Is the Animal on any medications, or had any injections, in the last 30 days, including flea/tick treatments, insulin, thyroid or steroids?  No  Yes Please describe: \_\_\_\_\_

[Your Organization] uses qualified individuals & approved medical grade materials for all procedures performed. 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. **Please be advised that there are additional important terms, conditions, & information regarding your animal's treatment on the reverse side of this agreement & the other agreements attached hereto. Please carefully read, & ensure you understand, all of the information on BOTH SIDES of this agreement & the other agreements attached hereto before signing your name:**

I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Animal"), hereby request & authorize [Your Organization], including its affiliates & each of their employees, volunteers, veterinarians &/or other agents (collectively, "[Your Organization] Parties"), as appropriate & in accordance with applicable law, to receive, transport, prescribe for, treat &/or administer rabies vaccinations, if deemed necessary, & any other vaccinations &/or services I have selected below, &/or perform an operation for sexual sterilization of the Animal.

[YO] is a training facility & all [YO] surgeries are performed by or under the supervision of a licensed veterinarian. I understand that [client must initial]:  
\_\_\_\_\_ the Animal may have surgery performed by a licensed veterinarian in training or a veterinary student extern. A licensed veterinarian always supervises surgery.

I understand that it takes up to two (2) weeks for vaccinations to protect the Animal & I [client must initial one of the following options]:  
\_\_\_\_\_ certify that the Animal has been vaccinated within one (1) year prior to this date; or  
\_\_\_\_\_ waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or  
\_\_\_\_\_ request recommended vaccinations at the time of surgery, as selected below, with the knowledge that the Animal will still not be protected. I certify that the Animal has not bitten anyone in the last ten (10) days.

- I understand that the operation I have elected presents some hazards, & that injury to, 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 & drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand & accept these risks to the Animal.
- I understand the inherent risks of failing to maintain current vaccinations & waive all claims arising out of, or connected with, any illnesses contracted post-surgery, including, but not limited to kennel cough or other upper respiratory infections. I am responsible for treatment at my own cost.
- I understand that [YO] &/or any [YO] Party has the right to refuse any service &/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.
- I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at [YO]. If I choose for the Animal to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, & diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), & heartworms.
- I understand that if the Animal is an acceptable surgical &/or vaccination candidate, sterilization procedures &/or vaccinations will be performed regardless of the Animal's gender &/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.
- If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent medical treatment, I consent that the attending veterinarian may perform such treatment, or transport the Animal to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me. I understand that my further consent will be required for non-emergency treatment EXCEPT in cases where the Animal has an open umbilical hernia, which may be repaired at the time of surgery at an additional charge of \$15 without my further consent.
- I agree that [YO] & [YO] Parties may take, or permit others to take, photographs or video of me &/or my animal, while at [YO] and that [YO] & [YO] Parties may use or authorize the use of the photographs or video of me &/or my animal and all information related to the animal's care or services in any way it deems appropriate to support [YO]'s mission, including fundraising purposes.

**PLEASE SEE ADDITIONAL IMPORTANT TERMS, CONDITIONS, & INFORMATION ABOUT YOUR ANIMAL'S TREATMENT ON THE REVERSE SIDE & THE OTHER AGREEMENTS ATTACHED.**  
**THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.**

Cats: Requested Vaccines & Services			Dogs: Requested Vaccines & Services		
<input type="checkbox"/> Feline distemper vaccine	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Canine distemper/parvo vaccine	<input type="checkbox"/> Nail trim		
<input type="checkbox"/> Ivermectin (Trapped cats only)	<input type="checkbox"/> Microchip F/A	<input type="checkbox"/> Kennel cough vaccine	<input type="checkbox"/> Microchip F/A	<input type="checkbox"/> Hernia repair	<input type="checkbox"/> Microchip F/A
<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Elizabethan collar	<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Elizabethan collar
<input type="checkbox"/> Rabies vaccine (3-year)					

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT & THE ATTACHED AGREEMENTS.  I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE OF OWNER OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL (when picking up) \_\_\_\_\_

Office/ Partner Use  Owned  Shelter  Foster  Community cat (feral)  Community cat (friendly)  Ear-tip  Microchip Updated 9/11/19

**ADDITIONAL IMPORTANT TERMS, CONDITIONS & INFORMATION REGARDING YOUR ANIMAL'S TREATMENT**

- I understand that the Animal will remain at [YO] overnight for recovery. I understand that [YO] is not staffed overnight & that the Animal may be unattended during this time. In the event that the Animal requires care or further medical attention beyond that provided by [YO] during recovery, or if a mechanical failure or other issue renders the [YO] clinic unable to safely treat the Animal, I agree that [YO] &/or any [YO] Party may, in its sole discretion, transfer the Animal to a veterinary hospital selected in its sole discretion to conduct treatment &/or provide overnight care. In the very rare event of a sudden death, I give consent for a necropsy to be performed at no charge to determine the cause of death.
- I will provide recovery space that is clean, indoors, warm, & dry. I will provide proper post surgery monitoring & care for the Animal, including but not limited to, the care described in the *Postoperative Instructions*. I agree to abide by the "[YO] Bite/Scratch Protocol" a copy of which is available upon my request. If I suspect the Animal has any post-operative complications, I agree to follow the *Postoperative Instructions* that have been provided to me.
- I understand that if the Animal is infested with fleas, [YO] may, in its sole discretion, administer a flea product (including but not limited to Capstar®, which effects of treatment last 24 hours), to the Animal. I agree to pay the \$XX cost for this treatment when the Animal is picked up from [YO].
- I understand that I, or someone authorized by me, must pick up the Animal from the location designated by the medical staff, & at the time designated by the medical staff on the day of the surgery &/or vaccination. I understand that, if I do not retrieve the Animal at the designated time, the Animal may be considered by [YO] to be abandoned by me upon expiration of the statutory hold period. In that event, I understand that, upon expiration of the statutory hold period, [YO] shall have discretion to deal with the Animal as it deems appropriate, including, but not limited to, exercising its right to either turn the Animal over to [Your County] Animal Control ("Animal Control") or dispose of the Animal as deemed just & proper, & as allowed by the State of [Your State] under XX 90-187.7(a). If I do not pick up the Animal at the designated time and place as described above, I agree to pay a boarding fee of up to \$XX per night plus any related costs to medicate or provide for the Animal.
- I understand & agree that the [YO] & [YO] Parties (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal &/or any vaccinations to be given to the Animal, & I hereby hold the Released Parties harmless from & against any & all liability & damages that may arise. I will take full responsibility, financial & otherwise, if the Animal becomes ill. I hereby agree to indemnify & hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE & THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & [YO], & (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

# INTAKE FORM

Your Organization (YO)  
(XXX) XXX-XXXX

<input type="checkbox"/> Cash \$ _____
<input type="checkbox"/> Check # _____
<input type="checkbox"/> Visa/M-Card \$ _____
Animal ID # _____

Date of Surgery \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Emergency Phone (in case of complications) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Animal's Name \_\_\_\_\_ Animal's Age (Years) \_\_\_\_\_ Animal's Age (Months) \_\_\_\_\_ Contact Email \_\_\_\_\_

Dog  Cat

Transport Group Name \_\_\_\_\_ Animal's Breed \_\_\_\_\_ Animal's Color(s) \_\_\_\_\_

Male  Female

- Has the Animal been to a veterinarian within the last 30 days?  No  Yes (regular checkup)  Yes (vaccines)  Yes (sick/injured) Please describe: \_\_\_\_\_
- Has the Animal had any previous surgeries?  No  Yes Please describe: \_\_\_\_\_
- Has the Animal been eating/drinking normally?  No  Yes
- Did the Animal have a small breakfast this morning?  No  Yes
- Does the Animal have any current medical/health conditions (check all that apply)?  No  Coughing  Sneezing  Vomiting  Diarrhea  Lethargy  Vaccine reactions  Allergies  
Other condition (please describe): \_\_\_\_\_
- Is the Animal on any medications, or had any injections, in the last 30 days, including flea/tick treatments, insulin, thyroid or steroids?  No  Yes Please describe: \_\_\_\_\_

[Your Organization] uses qualified individuals & approved medical grade materials for all procedures performed. 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. **Please be advised that there are additional important terms, conditions, & information regarding your animal's treatment on the reverse side of this agreement & the other agreements attached hereto. Please carefully read, & ensure you understand, all of the information on BOTH SIDES of this agreement & the other agreements attached hereto before signing your name:**

I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Animal"), hereby request & authorize [Your Organization], including its affiliates & each of their employees, volunteers, veterinarians &/or other agents (collectively, "[Your Organization] Parties"), as appropriate & in accordance with applicable law, to receive, transport, prescribe for, treat &/or administer rabies vaccinations, if deemed necessary, & any other vaccinations &/or services I have selected below, &/or perform an operation for sexual sterilization of the Animal.

[YO] is a training facility & all [YO] surgeries are performed by or under the supervision of a licensed veterinarian. I understand that [client must initial]:  
 \_\_\_\_\_ the Animal may have surgery performed by a licensed veterinarian in training or a veterinary student extern. A licensed veterinarian always supervises surgery.

I understand that it takes up to two (2) weeks for vaccinations to protect the Animal & I [client must initial one of the following options]:  
 \_\_\_\_\_ certify that the Animal has been vaccinated within one (1) year prior to this date; or  
 \_\_\_\_\_ waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or  
 \_\_\_\_\_ request recommended vaccinations at the time of surgery, as selected below, with the knowledge that the Animal will still not be protected. I certify that the Animal has not bitten anyone in the last ten (10) days.

- I understand that the operation I have elected presents some hazards, & that injury to, 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 & drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand & accept these risks to the Animal.
- I understand the inherent risks of failing to maintain current vaccinations & waive all claims arising out of, or connected with, any illnesses contracted post-surgery, including, but not limited to kennel cough or other upper respiratory infections. I am responsible for treatment at my own cost.
- I understand that [YO] &/or any [YO] Party has the right to refuse any service &/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.
- I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at [YO]. If I choose for the Animal to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, & diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), & heartworms.
- I understand that if the Animal is an acceptable surgical &/or vaccination candidate, sterilization procedures &/or vaccinations will be performed regardless of the Animal's gender &/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.
- If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent medical treatment, I consent that the attending veterinarian may perform such treatment, or transport the Animal to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me. I understand that my further consent will be required for non-emergency treatment EXCEPT in cases where the Animal has an open umbilical hernia, which may be repaired at the time of surgery at an additional charge of \$15 without my further consent.
- I agree that [YO] & [YO] Parties may take, or permit others to take, photographs or video of me &/or my animal, while at [YO] and that [YO] & [YO] Parties may use or authorize the use of the photographs or video of me &/or my animal and all information related to the animal's care or services in any way it deems appropriate to support [YO]'s mission, including fundraising purposes.

**PLEASE SEE ADDITIONAL IMPORTANT TERMS, CONDITIONS, & INFORMATION ABOUT YOUR ANIMAL'S TREATMENT ON THE REVERSE SIDE & THE OTHER AGREEMENTS ATTACHED.**  
**THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.**

Cats: Requested Vaccines & Services			Dogs: Requested Vaccines & Services					
<input type="checkbox"/> Feline distemper vaccine	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Canine distemper/parvo vaccine	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Ivermectin (Trapped cats only)	<input type="checkbox"/> Microchip F/A	<input type="checkbox"/> Kennel cough vaccine	<input type="checkbox"/> Hernia repair	<input type="checkbox"/> Microchip F/A
<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Elizabethan collar	<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Elizabethan collar			

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT & THE ATTACHED AGREEMENTS.  I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE OF OWNER OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL (when picking up) \_\_\_\_\_

Office/ Partner Use	<input type="checkbox"/> Owned	<input type="checkbox"/> Shelter	<input type="checkbox"/> Foster	<input type="checkbox"/> Community cat (feral)	<input type="checkbox"/> Community cat (friendly)	<input type="checkbox"/> Ear-tip	<input type="checkbox"/> Microchip	Updated 9/11/19
---------------------	--------------------------------	----------------------------------	---------------------------------	--	---	----------------------------------	------------------------------------	-----------------

Sample

**ADDITIONAL IMPORTANT TERMS, CONDITIONS & INFORMATION REGARDING YOUR ANIMAL'S TREATMENT**

- I understand that the Animal will remain at [YO] overnight for recovery. I understand that [YO] is not staffed overnight & that the Animal may be unattended during this time. In the event that the Animal requires care or further medical attention beyond that provided by [YO] during recovery, or if a mechanical failure or other issue renders the [YO] clinic unable to safely treat the Animal, I agree that [YO] &/or any [YO] Party may, in its sole discretion, transfer the Animal to a veterinary hospital selected in its sole discretion to conduct treatment &/or provide overnight care. In the very rare event of a sudden death, I give consent for a necropsy to be performed at no charge to determine the cause of death.
- I will provide recovery space that is clean, indoors, warm, & dry. I will provide proper post surgery monitoring & care for the Animal, including but not limited to, the care described in the *Postoperative Instructions*. I agree to abide by the "[YO] Bite/Scratch Protocol" a copy of which is available upon my request. If I suspect the Animal has any post-operative complications, I agree to follow the *Postoperative Instructions* that have been provided to me.
- I understand that if the Animal is infested with fleas, [YO] may, in its sole discretion, administer a flea product (including but not limited to Capstar®, which effects of treatment last 24 hours), to the Animal. I agree to pay the \$XX cost for this treatment when the Animal is picked up from [YO].
- I understand that I, or someone authorized by me, must pick up the Animal from the location designated by the medical staff, & at the time designated by the medical staff on the day of the surgery &/or vaccination. I understand that, if I do not retrieve the Animal at the designated time, the Animal may be considered by [YO] to be abandoned by me upon expiration of the statutory hold period. In that event, I understand that, upon expiration of the statutory hold period, [YO] shall have discretion to deal with the Animal as it deems appropriate, including, but not limited to, exercising its right to either turn the Animal over to [Your County] Animal Control ("Animal Control") or dispose of the Animal as deemed just & proper, & as allowed by the State of [Your State] under XX 90-187.7(a). If I do not pick up the Animal at the designated time and place as described above, I agree to pay a boarding fee of up to \$XX per night plus any related costs to medicate or provide for the Animal.
- I understand & agree that the [YO] & [YO] Parties (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal &/or any vaccinations to be given to the Animal, & I hereby hold the Released Parties harmless from & against any & all liability & damages that may arise. I will take full responsibility, financial & otherwise, if the Animal becomes ill. I hereby agree to indemnify & hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE & THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & [YO], & (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Sample

Sample

# POST-OPERATIVE INSTRUCTIONS

Your Organization (YO)  
(XXX) XXX-XXXX

Cash \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Visa/M-Card \$ \_\_\_\_\_  
**Animal ID #** \_\_\_\_\_

Date of Surgery \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Emergency Phone (in case of complications) \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Animal's Name \_\_\_\_\_ Animal's Age (Years) \_\_\_\_\_ Animal's Age (Months) \_\_\_\_\_ Contact Email \_\_\_\_\_  
 Dog  Cat  
 Transport Group Name \_\_\_\_\_ Animal's Breed \_\_\_\_\_ Animal's Color(s) \_\_\_\_\_  
 Male  Female  
 1. Has the Animal been to a veterinarian within the last 30 days?  No  Yes (regular checkup)  Yes (vaccines)  Yes (sick/injured) Please describe: \_\_\_\_\_  
 2. Has the Animal had any previous surgeries?  No  Yes Please describe: \_\_\_\_\_  
 3. Has the Animal been eating/drinking normally?  No  Yes 4. Did the Animal have a small breakfast this morning?  No  Yes  
 5. Does the Animal have any current medical/health conditions (check all that apply)?  No  Coughing  Sneezing  Vomiting  Diarrhea  Lethargy  Vaccine reactions  Allergies  
 Other condition (please describe): \_\_\_\_\_  
 6. Is the Animal on any medications, or had any injections, in the last 30 days, including flea/tick treatments, insulin, thyroid or steroids?  No  Yes Please describe: \_\_\_\_\_

## POST-OPERATIVE INSTRUCTIONS

- You must restrict the Animal's activity for the next ten days to allow the tissue time to heal, & avoid causing the incision to open. Cats should stay indoors. All dogs should go out on a leash to urinate/defecate & then return inside to rest. Keep the incision site dry; do not bathe or apply topical ointment during the recovery period.
- Keep males away from unspayed females for 30 days. Keep females away from unneutered males for seven days. Be prepared to keep pets separate during the recovery period.
- Check the incision site twice daily. Females should have no drainage; redness & swelling should be minimal. The incision for male dogs is directly on the scrotum & is left open to allow for drainage. Small amounts of drainage/discharge is normal for up to three days. Too much activity causes increased drainage, so activity restriction is very important. Do not allow the Animal to lick or chew at the incision. If this occurs, an Elizabethan collar MUST be applied to prevent additional licking/chewing that could cause infection.
- Appetite should return gradually within 24 hours of surgery. Do not change the Animal's diet at this time, & do not give them junk food, table scraps, milk, or any other *people food* during the recovery period. Feeding them their regular diet will help avoid gastro-intestinal upset.
- Minimal redness & swelling of the surgery site should resolve within several days, but if they persist longer, please call our office at (XXX) XXX-XXXX. After office hours, please call (XXX) XXX-XXXX. You should also contact us immediately if you notice any of the following: pale gums; depression; unsteady gait; loss of appetite or decreased water intake; vomiting; diarrhea; discharge or bleeding from the incision; difficulty urinating or defecating; labored breathing. Do not give human medication to the Animal. It is dangerous & can be fatal.
- If the Animal received a vaccine at our clinic other than rabies, please discuss a "booster" vaccine with your regular veterinarian. Canine distemper/parvo vaccine & feline distemper vaccine all need to be "boostered" three to four weeks after administration of the first vaccine for maximum effectiveness.
- We will make every reasonable effort to treat at OUR CLINIC, at minimal cost, any post-operative complications resulting directly from the surgery, if the above post-operative instructions are followed in full. Your regular veterinarian must address illnesses or injuries that are not a direct result of surgery. Please call for an appointment as soon as you see any cause for concern at (XXX) XXX-XXXX. After office hours, please call (XXX) XXX-XXXX.

- Spay Ovariohysterectomy – unless otherwise noted, there are no sutures to remove  
 Neuter Castration – unless otherwise noted, there are no sutures to remove  
 Already spayed/neutered (tattoo/scar) Please contact this clinic if you have any questions or notice signs of heat  
 In Heat Please keep away from intact males for at least two weeks  
 Pregnant: \_\_\_\_\_ Unless otherwise noted, there are no sutures to remove  
 Cryptorchid Undescended testicle(s) – your pet has two incisions  
 Staples need to be removed in 10-14 days here or at your regular veterinarian  
 Expect bruising near incision Should resolve on its own after a couple of weeks

The Animal received a green tattoo next to their incision.  
 This tattoo is a scoring process in the skin.  
**IT IS NOT AN EXTRA INCISION.**  
 Our vets recommend that you establish a wellness program for the Animal with a regular full-service veterinarian.

Please see your regular veterinarian to address the following concerns about the Animal: **VET:** \_\_\_\_\_ Weight (kgs.) \_\_\_\_\_  
 Over/underweight  Ear concerns  Eye concerns  Skin concerns  Dental concerns  Tapeworms/internal parasites  Fleas/ticks  
 Other: \_\_\_\_\_

The Animal has received these vaccinations/services today:  Other \_\_\_\_\_  
 DA<sub>2</sub>LPPv  Bordetella  Ivermectin  Oral meloxicam (morning after surgery) 0.1 mg/kg  Nail trim  Microchip  
 DA<sub>2</sub>PPv  FVRCP Rabies:  1-year  3-year  Meloxicam injection \_\_\_\_\_ mg/kg  Ear tip  Hernia repair

Cats: Requested Vaccines & Services		Dogs: Requested Vaccines & Services	
<input type="checkbox"/> Feline distemper vaccine	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Canine distemper/parvo vaccine	<input type="checkbox"/> Nail trim
<input type="checkbox"/> Ivermectin (Trapped cats only)	<input type="checkbox"/> Microchip F/A	<input type="checkbox"/> Kennel cough vaccine	<input type="checkbox"/> Microchip F/A
<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Elizabethan collar	<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Elizabethan collar
<input type="checkbox"/> Rabies vaccine (3-year)		<input type="checkbox"/> Rabies vaccine (3-year)	
<input type="checkbox"/> Hernia repair		<input type="checkbox"/> Hernia repair	

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT & THE ATTACHED AGREEMENTS.  I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE OF OWNER OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL (when picking up) \_\_\_\_\_

Office/ Partner Use  Owned  Shelter  Foster  Community cat (feral)  Community cat (friendly)  Ear-tip  Microchip **Updated 9/11/19**

# TREATMENT CARE

Your Organization (YO)  
(XXX) XXX-XXXX

Cash \$ \_\_\_\_\_

Check # \_\_\_\_\_

Visa/M-Card \$ \_\_\_\_\_

Animal ID # \_\_\_\_\_

Date of Surgery \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Emergency Phone (in case of complications) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Animal's Name \_\_\_\_\_ Animal's Age (Years) \_\_\_\_\_ Animal's Age (Months) \_\_\_\_\_ Contact Email \_\_\_\_\_

Dog  Cat

Transport Group Name \_\_\_\_\_ Animal's Breed \_\_\_\_\_ Animal's Color(s) \_\_\_\_\_

Male  Female

1. Has the Animal been to a veterinarian within the last 30 days?  No  Yes (regular checkup)  Yes (vaccines)  Yes (sick/injured) Please describe: \_\_\_\_\_

2. Has the Animal had any previous surgeries?  No  Yes Please describe: \_\_\_\_\_

3. Has the Animal been eating/drinking normally?  No  Yes

4. Did the Animal have a small breakfast this morning?  No  Yes

5. Does the Animal have any current medical/health conditions (check all that apply)?  No  Coughing  Sneezing  Vomiting  Diarrhea  Lethargy  Vaccine reactions  Allergies

Other condition (please describe): \_\_\_\_\_

6. Is the Animal on any medications, or had any injections, in the last 30 days, including flea/tick treatments, insulin, thyroid or steroids?  No  Yes Please describe: \_\_\_\_\_

\_\_\_\_\_ cc Acepromazine \_\_\_\_\_ mg/mL SQ IM IV      \_\_\_\_\_ cc Buprenorphine 0.60 mg/mL SQ IV TM      \_\_\_\_\_ LRS/NS/Plyte SQ 20 mL/kg      \_\_\_\_\_ cc Ivermectin 1% SQ

\_\_\_\_\_ cc Hydromorphone 10 mg/mL SQ IM      \_\_\_\_\_ cc TTDex IM IV      \_\_\_\_\_ LRS/NS/Plyte IV 5 mL/kg/hr      \_\_\_\_\_ cc Atipamezole 5 mg/mL IM

\_\_\_\_\_ cc Ketamine 100 mg/mL IV IM      \_\_\_\_\_ cc Dexdomitor \_\_\_\_\_ mg/mL IV IM      \_\_\_\_\_ LRS/NS/Plyte IV 3 mL/kg/hr      \_\_\_\_\_ cc Cerenia SQ IV

\_\_\_\_\_ cc Midazolam/Diazepam 5 mg/mL IV IM      \_\_\_\_\_ cc Lidocaine 2% (Testic. block/splash)      \_\_\_\_\_ cc Gabapentin 100 mg/mL PO      \_\_\_\_\_ cc Convenia SQ

\_\_\_\_\_ cc Meloxicam 5 mg/mL SQ IM      \_\_\_\_\_ cc Dil. Phenyl 0.1 mg/mL (IV/splash)      \_\_\_\_\_ cc Cefazolin 100 mg/mL SQ IV      \_\_\_\_\_ cc Dextrose 50% SL IV (dil.)

\_\_\_\_\_ cc Meloxicam 1.5 mg/mL PO      \_\_\_\_\_ cc Bupivacaine 0.5% (splash)

Postpartum  Fatty  Friable  Maintained on O<sub>2</sub> + Isoflurane

S: BAR Abnormal

O: Physical exam = WNL      Abnormal

A: Surgical candidate = Yes      No

P: Surgically sterilize = Accept      Decline

TPR = WNL      ABN \_\_\_\_\_

**SPAY (Ventral midline incision)**

Ovarian peds:  Instrument tie       Circumferential       Strangle knot      Suture \_\_\_\_\_

Uterine stump:  Transfixation       Circumferential       Strangle knot      Suture \_\_\_\_\_

Abdominal wall:  Cruciate       Simple interrupted       Continuous      Suture \_\_\_\_\_

Subcutaneous:  Simple continuous      Suture \_\_\_\_\_

Skin:  Subcuticular pattern       Surgical glue       Staples      Suture \_\_\_\_\_

**NEUTER**

Skin incision:  Pre-scrotal       Scrotal

Cord ligation:  Instrument tie       Circumferential       Strangle knot       Transfixation      Suture \_\_\_\_\_

Sc/skin closure:  Simple interrupted       Subcuticular mattress       Surgical glue       Staples      Suture \_\_\_\_\_

Technique:  Closed castration       Open castration

Please see your regular veterinarian to address the following concerns about the Animal:

Over/underweight       Ear concerns       Eye concerns       Skin concerns       Dental concerns       Tapeworms/internal parasites       Fleas/ticks

Other: \_\_\_\_\_

VET: \_\_\_\_\_ Weight (kgs.) \_\_\_\_\_

The Animal has received these vaccinations/services today:  Other \_\_\_\_\_

DA<sub>2</sub>LPPv       Bordetella       Ivermectin       Oral meloxicam (morning after surgery) 0.1 mg/kg       Nail trim       Microchip

DA<sub>2</sub>PPv       FVRCP      Rabies:  1-year       3-year       Meloxicam injection \_\_\_\_\_ mg/kg       Ear tip       Hernia repair

**Cats: Requested Vaccines & Services**

Feline distemper vaccine       Nail trim

Ivermectin (Trapped cats only)       Hernia repair       Microchip F/A

Rabies vaccine (1-year)       Rabies vaccine (3-year)       Elizabethan collar

**Dogs: Requested Vaccines & Services**

Canine distemper/parvo vaccine       Nail trim

Kennel cough vaccine       Hernia repair       Microchip F/A

Rabies vaccine (1-year)       Rabies vaccine (3-year)       Elizabethan collar

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT & THE ATTACHED AGREEMENTS.  I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE OF OWNER OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL (when picking up) \_\_\_\_\_

Office/ Partner Use  Owned  Shelter  Foster  Community cat (feral)  Community cat (friendly)  Ear-tip  Microchip