

Animal ID #

Date of surgery

Last name \_\_\_\_\_ First name \_\_\_\_\_

Best number to reach you today \_\_\_\_\_ Alternate phone number \_\_\_\_\_

Street Address \_\_\_\_\_ ZIP CODE \_\_\_\_\_ Email address \_\_\_\_\_

Pet's name \_\_\_\_\_ Pet's age \_\_\_\_\_ □months □years Breed & Color \_\_\_\_\_

□ Cat □ Dog □ Feral Cat (in a trap) □ Male □ Female Has your pet had puppies/kittens? □ Yes □ No Is your pet on any medication? □ Yes □ No

Does your pet currently see a full service vet? If yes, who? \_\_\_\_\_ Is your pet current on it's rabies vaccine? □ Yes □ No

If no rabies certificate is provided, by law we are required to vaccinate your pet today. This is included in your fee. You may have your vet fax the record to us. If we have not received the record by 9:00 AM we will go ahead and vaccinate your pet. This is not harmful to your pet.

S.A.A.F. Spay Neuter Clinic uses qualified staffing and approved 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. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet named above, hereby request and authorize S.A.A.F., through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

I certify that

- My animal has been vaccinated within one year prior to this date, I waive my right to protect my animal by having it vaccinated, or I request recommended vaccinations at the time of surgery.
• My animal is in good health and has had no recent vomiting, diarrhea, coughing, or sneezing.

I understand that

- The operation presents some hazards and that injury to or death of an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.
• There are inherent risks of failing to maintain current vaccinations as well as annual veterinary care and I waive all claims arising out of or connected with the performance of this operation due to such failure.
• S.A.A.F. is not a 24 hour emergency hospital and that there is no staff present overnight.
• S.A.A.F. may not perform a complete physical examination before surgery is performed.
• My animal will not receive pre-operative blood work and I waive my right to have this service performed prior to surgery at a full-service veterinarian.
• Some factors significantly increase surgical risk, including but not limited to, senior age (8 years and over), heart murmur, severe dental disease, breed specific complications, pregnancy, heat, and other diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.
• If my animal is pregnant, the pregnancy will be terminated at surgery.
• If my animal has an open umbilical hernia, it will be repaired at an additional charge of \$15.
• If my pet is Cryptorchid (has an undescended testicle) there is an additional charge of \$25 per testicle.
• If my cat receives the feral surgery rate, it will be ear tipped (the top third of the left ear will be clipped off for identification).
• My animal may be photographed while at S.A.A.F. for use in promotional materials.
• If I don't retrieve my pet at the agreed upon time, this may constitute abandonment and will result in a boarding fee to be determined by our staff on a case by case basis.

I hereby release the S.A.A.F. Spay Neuter Clinic, 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, file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

YOUR PET WILL RECEIVE A SMALL TATTOO ON THEIR UNDERSIDE TO SHOW THAT THEY HAVE BEEN FIXED.

FOR OWNED PETS

I would like my cat to have:

- Rabies Vaccine (1 year)
□ Feline Combo Vaccine
□ Feline Leukemia Vaccine
□ Felv/FIV Test
□ Microchip
□ E-collar
□ \*Dewormer (not available on ferals)
□ Ear Tip (please initial)
□ Cardboard Carrier

I would like my dog to have:

- Rabies Vaccine (1 year)
□ Canine Combo Vaccine
□ Kennel Cough Vaccine
□ Heart Worm Test
□ Microchip
□ E-collar
□ \*Dewormer

SAAF is a non-profit organization

I would like to donate:

- \$1
□ \$5
□ Other
I will donate by:
□ Cash
□ Bill to my credit card

RESCUE GROUPS ONLY

This animal gets:

- Rabies Vaccine (1 year)
□ Combo Vaccine
□ Kennel Cough Vaccine
□ Heart Worm
□ Felv/FIV test
□ Feline Leukemia Vaccine
□ Health Certificate
□ E-collar
□ Microchip
□ \*Dewormer (not available on ferals)
□ Ear Tip (please initial)

\*If we notice evidence of worms and you would like your pet treated please initial on the line above. We will bill your credit card on file, or if you paid cash you will be required to pay the fee at pick up.

Signature \_\_\_\_\_

Date \_\_\_\_\_