

Owner/Client Last Name: _____ First Name: _____ Pets Name: _____

Best number to reach you today _____ Alternate phone number _____

Street Address _____ City _____ Zip Code _____

Email Address _____

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.

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 this form.

My animal has been vaccinated within one year prior to this date. **YES NO**

If your animal has not had a rabies vaccine one will be given during surgery

Has your animal been given pain medications, supplements and/or antibiotics within the last 48 hours? **YES NO**

If YES, list what had been given, if anything prior to surgery: _____

Carefully read, understand and INITIAL the following before signing your name.

_____ **I certify that** my animal is in good health and has had no recent vomiting, diarrhea, coughing, or sneezing.

_____ If my pet is presented with a flea infestation surgery will be declined or a Capstar will be given at a \$5 charge. SAAF will not liable for any adverse reaction to given medications.

_____ 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. Vaccinations can take up to two weeks to fully protect my animal.

_____ S.A.A.F. may not be able to perform a complete physical examination before surgery is performed based on the animal's behavior and could result in complications.

_____ 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, bleeding disorders and other diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms. We have the right to refuse service to any animal to whom surgery is deemed a health risk.

_____ If my animal is pregnant, the pregnancy will be terminated at surgery. A **\$15-\$35** fee (due at pickup) will be added for extended surgical time, supplemental fluids, etc *Cost does not apply to feral cats

_____ If my animal is diagnosed with Pyometra (severe infection of the uterus) a charge of **\$15 - \$35** (due at pickup) will be added for extended surgical times and internal medications used *Cost does not apply to feral cats

_____ 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 pet is in heat, supplemental fluids may need to be administered at an additional charge of **\$25**

_____ 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). **NO** refunds are given for feral cats if they are found to be already spayed or neutered

_____ 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 constitutes as abandonment and will be taken to AC

_____ Any charges for post-op complications treated at your and/or any regular and/or emergency veterinarian and/or clinic will **NOT** be covered by SAAF.

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. Owner/ agent hereby agrees to indemnify and hold S.A.A.F. 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, transport vehicle accidents, transport vehicle escapes or acts of God.

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

Pet's Information

Pet's Name _____ Pet's age _____ Cat Feral Cat Dog

Breed _____ Color _____ Male Female

Has your pet had puppies/kittens? No Yes, If yes when? _____

Is your pet on any medication? No Yes, what and treatment for? _____

Does your pet currently see a full service vet? No Yes, who? _____

Is your pet current on its 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.

For OWNED Pets

S.A.A.F. is a non-profit organization

Rescue Groups ONLY

I would like my **CAT** to have:

I would like my **DOG** to have:

I would like to donate:

This animal gets:

Rabies VAX (1 year)

Rabies VAX (1 year)

\$1.00

Rabies VAX (1 year)

Feline Combo VAX (HCPCh)

Canine Combo VAX (DaPPv)

\$5.00

Canine Combo VAX

Feline Leukemia VAX

Kennel Cough VAX (bordetella)

\$10.00

Kennel Cough VAX

FeLV/FIV Test

Heartworm Test

\$20.00

Heartworm Test

Microchip

Microchip

Other \$ _____

Feline Combo VAX

E-Collar

E-Collar

I will donate by:

Feline Leukemia VAX

Dewormer

Dewormer

Cash

FeLV/FIV Test

Ear Tip _____ (please initial)

Bravecto

Credit Card

Health Certificate

Cardboard Carrier

Interceptor

E-Collar

Revolution

Simparica

Microchip

Onsior (additional pain meds)

Carprofen (additional pain meds)

Dewormer

Bravecto

Trifexis

Revolution

Interceptor

Simparica

Ear Tip _____

Risk Waiver

Upon examination by one of our Veterinarians, your pet was discovered to have:

Our Veterinarians recommend the following treatment or proceedings:

This may represent an increased surgical or anesthetic risk, but the Doctor is willing to proceed with surgery, if you so choose.

I understand that some risks always exist with anesthesia and surgical procedures, and that I am encouraged to discuss any possible concerns that I have about those risks with my regular Veterinarian before these procedures are initiated.

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

All questions and concerns that I might have about the risk posed to my animal have been answered to my satisfaction.

Owner/Agent Name _____

Owner /Agent Signature _____ Date _____