

Last name _____ First 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.

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

If **YES**, list what has been given prior to surgery: _____

Carefully read and understand the following before signing and initialing 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 be liable for any adverse reaction to given medications.

_____ The operation itself presents some risks and injury or death of an animal may result. There is also a risk from the use of anesthetics and drugs needed to perform 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.

_____ If my pet shows any signs of aggression or fractious behavior towards staff, surgery/services will be declined.

_____ 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, ect **cost does not apply to feral cats*

_____ If my animal is diagnosed with a 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). I understand that **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 turned over to Springfield Animal Control.

_____ 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, any adverse reactions from vaccinations, or any issues arising from any additional service(s) provided. 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

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) **\$12**

Rabies VAX (1 year) **\$12**

\$1.00

Rabies VAX (1 year)

Feline Combo VAX **\$12**

Canine Combo VAX **\$12**

\$5.00

Canine Combo VAX

Feline Leukemia VAX **\$15**

Bordetella VAX **\$15**

\$10.00

Bordetella VAX

FeLV/FIV Test **\$25**

Heartworm Test **\$20**

\$20.00

Heartworm Test

Microchip **\$20**

Microchip **\$20**

Other \$ _____

Feline Combo VAX

E-Collar **\$5**

E-Collar **\$5**

I will donate by:

FeLV/FIV Test

Dewormer **\$5**

Dewormer **\$10-20**

Cash

Feline Leukemia VAX

Revolution **\$15**

Carprofen (pain meds) **\$10-\$20**

Credit Card

Microchip

Bravecto **\$40**

Interceptor **\$10**

Dewormer

Cardboard Carrier **\$5**

Bravecto **\$40**

Trifexis

Onsior (pain meds) **\$10**

Simparica **\$15**

Revolution

Ear Tip _____ (please initial) Trifexis **\$20**

Interceptor

Simparica

E-Collar

Health Certificate

Ear Tip _____

Patient Notes

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 _____