**S.A.A.F. Spay Neuter Clinic ADMISSION FORM Animal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Owner Last name First name

Best number to reach you today Alternate phone number

Street Address City Zip Code

Email Address

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| --- |
| **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.***Carefully read and understand the following and initial your name on each item.*** 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 or tick infestation, surgery will be declined due to associated risks. 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 other resulting 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, 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 is diagnosed with a hydrometra (distended uterus filled with clear, non-infected fluid) 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 ***$25***. If my pet is cryptorchid (has an undescended testicle) there is an additional charge of ***$30*** per testicle. If my pet is in heat, supplemental fluids may need to be administered at an additional charge of ***$25*** If my pet shows **any sign of aggression** towards staff, surgery/services will be declined. 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. For two weeks do not let a female mate after surgery, it can be life threatening to the pet. If my pet is found to be previously spayed or neutered, a refund will not be given. **I agree that I am solely responsible for the post-surgery care of this animal and that I will follow the**  **directions given to me upon discharge.** |

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**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**

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:

Additional patient/pet notes or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **For Owned Pets RESCUE groups ONLY**

 **Rescue Groups ONLY**

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

 Rabies VAX (1 year) **$12**

 Feline Combo VAX **$12**

 FeLV/FIV Test **$25**

 FeLV VAX **$15 \*\*felv test required\*\***

 Microchip **$20**

 E-Collar **$5** \*cone of shame\*

 Dewormer **$5**

 Revolution **$15**

 Onsior (pain med) **$10 \*must weigh >5.5#\***

 Cardboard Carrier **$5**

 Ear Tip \_\_\_\_\_\_ (please initial)

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

 Rabies VAX (1 year) **$12**

 Canine Combo VAX **$12**

 Bordetella VAX **$15**

 Heartworm Test **$20**

 Microchip **$20**

 E-Collar **$5** \*cone of shame\*

 Carprofen (pain meds) **$10**

 Dewormer **$10-20**

 Bravecto 3mo **$40**

 Bravecto 1mo $**15**

 Interceptor **$10**

 Revolution **$25**

* Rabies VAX (1 year)*

* Canine Combo VAX*

* Bordetella VAX*

* Heartworm Test*

* Feline Combo VAX*

* FeLV/FIV* ***Test***

* Feline Leukemia VAX*

* Microchip*

* Dewormer*

* Bravecto 1mo*

* Bravecto 3mo*

* Revolution 1 mo*

* Interceptor  E-Collar*

*Revolution  Ear Tip \_\_\_\_*

***S.A.A.F. is a non-profit organization and donations are appreciated. Thank You!***

*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 or another provided service. 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.** 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

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