

Animal ID# _____

Person ID # _____

Date Call received: _____

Date & time of Appointment: _____

Appointment # _____



Community Spay/Neuter Program Consent

(For pets 4 months and older)

(All animals must be healthy with no underlying health issues.)

Client Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone : _____ Cell Phone: _____

Email: _____

Animal Name: _____ Breed: _____

Gender MALE FEMALE Color: _____ DOB: _____ Weight: _____

Current Medications Given: _____

Known Allergies: _____

Known Medical problems: _____

Cat Package (spay or neuter) includes FVRCP, Rabies and Microchip

Male cats \$115.00 Female cats \$125.00

Check off the product or services you wish in addition to the scheduled surgery

Cats

- Feline Leukemia/FIV test \$20
- Antiparasitics :
 - **Revolution**
(Resolves fleas, ear mites and some intestinal parasites)
 - **Frontline Gold** flea/tick preventive:
\$15/dose
 - **Praziquantal** Injection \$12/dose
(Resolves tapeworms only)

Payment for Services is accepted by Cash or Credit Card and is due in full at the time the appointment is made. The Payment is NONREFUNDABLE if you are to cancel the appointment.

CONSENT FOR SURGICAL STERILIZATION

I, being of legal age and responsible for the animal described above, have the authority to grant the Humane Society for Greater Nashua, and (HSFN) its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above.

I understand that reasonable precautions will be used against injury or escape of the animal. It is thoroughly understood that HSFN, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks. Risks include, but are not limited to, injury to, post-operative infection in, organ damage, or death of the animal. It is understood that the procedure(s) to be performed and the drugs used in the process carry some inherent risk and that the animal must undergo general anesthesia in order for surgery to occur. Further, it is understood that non-steroidal medications will be administered to my pet. Pre-operative blood work is not performed at HSFN and neither intravenous nor subcutaneous fluids are routinely administered. Should your pet have a known liver or kidney ailment they are not appropriate surgical candidates for this clinic.

If, in the course of treatment, a condition is discovered or develops which requires medical attention or an additional procedure, the attending veterinarian may, in his or her absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges, if any. In the presence of live fleas, a dose of Capstar will be given, a dose of Revolution will be applied, and an injection of praziquantel will be given for an additional fee of \$15. _____(initial here)

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy)_____(initial here). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. I understand that all animals will be identified with a permanent tattoo.

I understand that it is possible that my pet may be exposed to illnesses or parasites while in the shelter and I agree that the cost for treatment of any such illness or infestation that develops will be the responsibility of the owner. This includes vaccine reactions if vaccines are given. Vaccine reactions can include lethargy, vomiting, diarrhea, angioedema, and life threatening anaphylaxis.

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

A current rabies certificate must be provided at time of the surgery. If vaccination is required we can provide it at our clinic for an additional charge. The rabies waiver MUST be signed to receive this vaccine.

Signature: _____ Date:_____

Rabies Waiver- MANDATORY IF RABIES VACCINE IS TO BE GIVEN

Date_____

I, _____, swear that to my knowledge this dog, cat, or ferret has not bitten anyone within 10 days.

Owner Signature _____