



SPAY/NEUTER SURGICAL ADMISSION FORM

YOUR CONTACT INFORMATION - THIS MUST MATCH WHO MADE THE APPOINTMENT****

First Name Last Name

Address Zip code

City/State County

Phone Email

Would you like to be a part of our monthly email newsletter & specials? Yes No

.....
YOUR PET'S INFORMATION

Pets Name Please check the correct boxes:

Age Dog Male

Breed Cat Female

Color

Any previous surgeries/anesthesia? (Any complications/recovery/dates)

Is there any additional information that the staff should be aware of?

Has your pet taken any medication in the last 30 days?

We can provide these additional services while your pet is under anesthesia for an additional cost.

Please select your choices.

- Nail Trim \$12 E-Collar \$12 Microchip \$30 Sedatives \$11-\$12 Onsiar (cats only) \$10-\$28

IV CATHETER & FLUIDS OPTIONAL REQUEST: \$28

Please initial one:

- I **accept** the use of the IV Catheter and fluids. I **decline** the use of the IV Catheter and fluids.

Did you know we're a non profit? Your donation helps provide affordable veterinary care to pets in need, keeping them healthy and with their loving families. Thank you for making a difference!

MY DONATION IS \$_____.

TERMS OF AGREEMENT

Please read this form carefully and ensure all information is accurate. Your signature indicates your consent and understanding of the terms and creates a binding agreement between you and Paws for a Cause Vet Care (referred to as PFACVC).

Authorization: I am over 18 years of age and am the owner or an authorized agent of the owner of the Pet named on this form. I authorize PFACVC and its workers to treat the Pet. Treatment of the Pet can include medical procedures, administering vaccine(s), transporting, and administering or prescribing medications.

Acceptance of Risks: I accept the risks associated with anesthesia and surgery. I agree to hold PFACVC and its affiliates harmless from any claims, damages, or liabilities that may arise from the procedures performed on my Pet, post-surgical illness, vaccinations administered, or transportation of the Pet.

Professional Judgment and Additional Procedures: I understand and accept that the veterinarian treating my Pet will use professional judgment. This may include refusing to perform a procedure that the veterinarian determines to pose a health risk, or performing additional procedures necessary for the Pet's well-being. I accept responsibility for any resulting additional charges.

About the Pet: I certify that the Pet has not bitten anyone in the last ten (10) days. I also understand that if the Pet is pregnant, the pregnancy will be terminated as part of the procedure. I understand that the Pet will receive a small tattoo on his/her underside to show he/she has been sterilized.

Pick-Up Requirements: I am responsible for picking up my Pet on the date and at the time provided by PFACVC staff. PFACVC will communicate by call, email, and/or text that I can pick up the Pet. If the pet is picked up after 5 pm, a \$1 per-minute fee applies. If the pet is not picked up or the designated pick-up person does not call by 5 pm, an overnight fee of \$100 will be charged. If the Pet remains at PFACVC 48 hours after the designated pick-up time, I understand that my Pet will be deemed abandoned and become the property of PFACVC. In that case, PFACVC has the right to make decisions regarding the Pet's care, rehoming, or other appropriate actions as allowed by law.

Photography/Video: I consent to PFACVC and its affiliates taking, or permitting others to take, photographs or video of me and/or my Pet while at PFACVC. I authorize the use of these images or videos in any way deemed appropriate to support the clinic's mission, including for fundraising purposes.

I understand that additional charges may occur in the event of, but not limited to:

Dogs: In heat \$75, Umbilical Hernia \$65, Pregnancy \$125, Cryptorchid \$150-\$200 per testicle.

Cats: Umbilical Hernia \$65, Pregnancy \$60, Cryptorchid \$150-\$200 per testicle.

PRINTED NAME OF OWNER OR AUTHORIZED AGENT: _____

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____

DATE: _____