



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 apart 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?

Is your pet current on vaccines?

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.

- Nail Trim \$12 E-Collar \$12 Microchip \$30 Sedatives \$15-\$40 Onsior (cats only) \$20-\$40

IV CATHETER & FLUIDS OPTIONAL REQUEST: \$28

We highly recommend the use of IV Catheter and fluids on all our patients. An IV catheter is a small tube placed into your pet's vein to give quick access for medications or fluids. IV fluids help keep your pet hydrated and maintain normal blood pressure during procedures, which is especially important under anesthesia. Stable hydration supports vital organs like the heart and kidneys, making the procedure safer. The catheter also allows us to quickly administer emergency medications if needed. Hydrated pets tend to recover faster and more comfortably after surgery.

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 within this document.

I verify that I am the owner or legally authorized agent for the owner of the above-named pet ("Pet") and hereby authorize Paws For A Cause Vet Care, including its veterinarians, employees, agents, and staff ("Released Parties"), to perform procedures, transport, prescribe for, treat, and/or administer drugs or medications to the Pet listed. This includes, but is not limited to, the use of anesthesia, medications, surgical interventions, tests, and other treatments deemed necessary by the attending veterinarian. I understand that hospital personnel, under the supervision and guidance of the attending veterinarian, may assist with these procedures.

I acknowledge that anesthesia and surgery carry inherent risks, even in apparently healthy animals. While all reasonable precautions will be taken, I am aware that complications can occur. These risks may include, but are not limited to, reactions to anesthesia, organ failure, airway obstruction, regurgitation and aspiration of vomit, nerve damage, post-operative infection, and even death. I agree to hold the Released Parties harmless from any claims, damages, or liabilities that may arise from the procedures performed on my Pet. I understand that Paws For A Cause Vet Care will take all reasonable measures to ensure the safety and well-being of my Pet; however, I accept the inherent risks associated with the procedures and treatments.

I understand that it takes up to two (2) weeks for vaccinations to provide optimal protection for the animal. I certify that the animal has either been vaccinated within one (1) year prior to this date, or I waive my right to protect the animal by having it vaccinated at least two (2) weeks prior to surgery. Alternatively, I may request recommended vaccinations at the time of surgery, with the understanding that the animal will still not be fully protected during this period. I acknowledge the inherent risks of failing to maintain current vaccinations and accept that no vaccination is 100% effective in preventing illness. I waive all claims arising from or connected to any illnesses contracted by the animal after surgery, including but not limited to kennel cough or other upper respiratory infections, and accept responsibility for any treatment required as a result, at my own expense. Additionally, I certify that the animal has not bitten anyone in the last ten (10) days.

I understand and agree that Paws For A Cause Vet Care and its affiliates, including their employees, volunteers, veterinarians, and agents, shall not be liable or held responsible by me for any matter related to the procedures performed on my Pet and/or any vaccinations given. I hereby hold the Released Parties harmless from any and all liability and damages that may arise. I accept full responsibility, financial and otherwise if the Pet becomes ill. I agree to indemnify and hold the Released Parties harmless for any damages caused during the transportation of my Pet. The Released Parties shall not be held liable for damages caused by unforeseeable events, including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God. I have been informed and understand the nature of the procedure(s) to be performed on my Pet, as well as the associated risks. I acknowledge that veterinary medicine is not an exact science, and no guarantee of successful treatment or outcome can be made. I have been advised of the potential risks, benefits, and possible outcomes of the proposed procedures. I understand that unforeseen circumstances may arise during the procedure that require additional or altered medical and/or surgical interventions for the safety or well-being of my Pet. I hereby consent to and authorize the attending veterinarian to perform any additional procedures deemed necessary in their professional judgment. I accept responsibility for any resulting additional charges.

I understand that Paws For A Cause Vet Care and its staff reserve the right to refuse any service or procedure to any animal for any reason, including situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian. I understand that a pre-surgery exam will be performed on the animal when possible, but there are times when such an exam may only be performed after the animal has been sedated or anesthetized, based on the veterinarian's judgment. I acknowledge that the animal will not receive pre-operative bloodwork at Paws For A Cause Vet Care unless I opt for it at an additional fee. I also understand that if the animal is pregnant, the pregnancy will be terminated as part of the procedure.

I am responsible for picking up my Pet at the designated time and date provided by Paws For A Cause Vet Care staff. If I do not retrieve the Pet at the specified time, I agree to pay a late fee of \$1 per minute past the scheduled pick-up time. If I fail to retrieve my Pet by the end of the business day, I agree to pay a boarding fee of \$100 per night. If my Pet is not picked up within twenty-four (24) hours of the scheduled pick-up time, I understand that my Pet will be considered abandoned and become the property of Paws For A Cause Vet Care. In such a case, Paws For A Cause Vet Care reserves the right to make decisions regarding the Pet's care, rehoming, or other appropriate actions as allowed by law.

I consent to Paws For A Cause Vet Care and its affiliates taking, or permitting others to take, photographs or video of me and/or my Pet while at Paws For A Cause Vet Care. 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 have read, understood, and agree to the terms outlined in this consent form. My signature below confirms that I am at least eighteen (18) years of age, have full legal capacity to execute this agreement, and voluntarily consent to the above-stated terms. I acknowledge that this document is a legally binding agreement between myself and Paws For A Cause Vet Care.

I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & Spay Illinois, & (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL. THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT.

I understand that additional charges may occur in the event of but not limited to:
Dogs: In heat \$50, Umbilical Hernia \$60, Pregnancy \$100, Cryptorchid \$150-\$300 per testicle.
Cats: Sedatives \$5-10, Umbilical Hernia \$60, Cryptorchid \$150-\$200 per testicle.

PRINTED NAME OF OWNER OR AUTHORIZED AGENT: _____

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____

DATE: _____