

PLEASE HELP SPAY IT FORWARD

_____ Yes, I would love to Spay It Forward.

Please add \$_____ to my bill.

_____ No, I would not like to Spay It Forward.



Spay/Neuter Clinic Surgical Admission Form

Owner/Patient Info:

Date of Surgery: ____/____/____

Last Name: _____ **First Name:** _____

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

Daytime/Cell Phone: _____ **Email:** _____

(please provide an email for discharge instructions)

Emergency Contact and Phone: _____

Pet Name: _____ **Breed:** _____ **Color:** _____

Age: _____ weeks / months / year **Check one:** _____ Male _____ Female

Proof of Current Rabies Vaccination Provided: _____ Yes _____ No

Comments: _____

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The Humane Society of Northeast Georgia (HSNEGA) 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 undergoing surgery. **Carefully read and initial the following before signing your name.**

_____ I, acting as owner of the pet named above, hereby request/authorize the HSNEGA Spay/Neuter Clinic, through such veterinarians and assistants they may designate, to perform surgery for the sexual sterilization of the animal identified above.

_____ I understand surgery includes inherent risks up to and including possible injury or death of my animal resulting from the procedure and the use of anesthetics and drugs used in providing this service.

_____ I certify my animal is in good health and has had no food (if over 4 months of age) since 8:00 pm the night prior to surgery.

_____ I understand the HSNEGA Spay/Neuter Clinic will not be performing a complete health examination on my animal before surgery is performed; however, I further understand HSNEGA has the right to refuse animals for surgery it deems unhealthy, aggressive, and/or pose a risk to staff or other animals.

_____ I understand if I fail to retrieve my animal at the agreed upon release time, HSNEGA may exercise its right to turn the animal over to Hall County Animal Control.

_____ I understand if my pet is in heat, cryptorchid (testicles not fully descended), pregnant, or has pyometra (uterine infection) there will be additional charges for the more complicated surgery. I authorize this additional expense.

_____ I understand if my pet has an unhealthy amount of fleas, he/she will be given a Capstar. I authorize this additional expense of \$5.00.

☐ I understand my pet will receive a small tattoo on his or her underside to show she/he has been sterilized.

☐ I understand HSNEGA is operating only as a surgical clinic and is unable to provide, or be held responsible for, any post-surgical complications or issues. I further understand HSNEGA shall bear no financial responsibility for any postsurgical costs and that it is my full responsibility to provide and pay for any veterinary after-care which may arise.

☐ I hereby release the HSNEGA Spay/Neuter Clinic, the veterinarians, the assistants and all of its officers, directors, employees, and volunteers from any and all claims arising out of or connected with the performance of this surgery or any adverse reactions resulting from other wellness procedures. I agree I will not claim any right of compensation from HSNEGA or file legal action by reason of such sterilization or attempted sterilization of my animal or any consequences resulting thereto. Owner/agent hereby agrees to indemnify and hold HSNEGA harmless for any damages caused during the transportation of the animal or for any damages caused by unforeseeable events including but not limited to fire, vandalism, burglary, auto accident, or weather.

☐ I understand there is an increased risk of complications from surgery for senior pets (7+ years). I certify that my pet is under 7 years of age or I have already had bloodwork done with HSNEGA prior to surgery.

☐ I give permission to HSNEGA and its representatives to take photographs/video of my pet for various purposes, including, but not limited to promotion. I understand I will not be paid for these photographs and/or video footage and have no rights to them.

I, acting as owner and at least 18 years old age; of the pet named above, hereby request and authorize the HSNEGA Spay/Neuter Clinic, through such veterinarians and assistants they may designate, to perform or provide the following additional services for the animal identified above. I authorize the additional expense for the following:

Female Dog Over 70 lbs	\$105	Male Dogs Over 70 lbs	\$90	Male Cats	\$65
Female Dog Under 70 lbs.	\$80	Male Dogs Under 70 lbs	\$70	Female Cats	\$65
Dogs		Cats			
_____ Rabies Vaccine		_____ Rabies Vaccine		_____ Rabies Vaccine	\$12-30
_____ Distemper/Parvo Vaccine		_____ FVRCP (feline "distemper") Vaccine		_____ FVRCP (feline "distemper") Vaccine	\$12
_____ Distemper/Parvo/Lepto Vaccine	\$12	_____ FeLV (feline leukemia) Vaccine		_____ FeLV (feline leukemia) Vaccine	\$12
_____ Kennel Cough Vaccine	\$12	_____ FeLV/FIV/Heartworm Blood Test		_____ FeLV/FIV/Heartworm Blood Test	\$25
_____ Heartworm Blood Test	\$20	_____ Flea Prevention		_____ Flea Prevention	\$20
_____ 1 Month Flea/Tick Prevention	\$20	Surgery Packages:			
_____ 3 Month Flea/Tick Prevention	\$50	_____ Nail Trim/E Collar	\$15		
Other Services					
_____ Microchip	\$20	_____ Hernia Repair		_____ Hernia Repair	\$30
_____ Nail Trim	\$15	_____ E-Collar (prevent licking)		_____ E-Collar (prevent licking)	\$5
_____ Retained Baby Tooth Removal	\$15 each	_____ Ear Cleaning		_____ Ear Cleaning	\$10
_____ Wellness Blood Work	\$40	_____ Ear Plucking		_____ Ear Plucking	\$10
(Must be completed prior to surgery)					
_____ Cryptorchid, 3 rd pregnant or pyometra	\$50	_____ Ear Cleaning/Ear Plucking		_____ Ear Cleaning/Ear Plucking	\$15
_____ In heat, 1 st Term Pregnant	\$20	_____ 2 nd Term Pregnant		_____ 2 nd Term Pregnant	\$35

Other:

Signature: **Date:** / /
(Owner or Authorized Agent of Owner)