

Cage #

Fix For Life Spay & Neuter Clinic
Admission Form

Total # pets

Total:

\$

Payment Received:

\$

\$

Cash

Check#

Date of Surgery

Your Last Name

Your First Name

- -

Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

- -

- -

- -

Pet's Name

Pet's Age

Cat

Dog

Male

Female

Breed/Color

When did your pet eat last? YESTERDAY TODAY TIME: _____

Does your pet have any medical conditions or problems? _____

How long have you had this pet? _____ Where did you get this pet? _____

If female, how many litters has she had? _____ If no litters, has she been in heat? _____

Has your pet ever been to a vet before today? _____

Requested Cat Vaccines and services

- Rabies Vaccine (1 yr) \$7 _____
- Feline Distemper Vaccine \$7 _____
- Feline Leukemia/FIV Combo Test \$20 _____
- Microchip \$20 _____
- Ear Tip (Feral Cats Only) *no charge* _____

Requested Dog Vaccines and Services

- Rabies Vaccine (1 yr) \$7 _____
- Canine Distemper/Parvo Vaccine \$7 _____
- Canine Bordatella (Kennel Cough) Vaccine \$7 _____
- Microchip \$20 _____
- Heartworm Test (6 months or older only) \$12 _____

Patient Medical Record (for clinic use only)

ID#

Weight _____ # Physical Findings _____

- Concerns: fleas/ticks tapeworm skin abnormalities hair loss wounds/sores dental
 overweight underweight dehydrated nasal discharge ocular discharge
 diarrhea ear mites other _____

Notes: _____

RX

- Spay In Heat Pregnant 1 2 3 Pyometra Postpartum ABS (surgery performed? Y/ N)
 Neuter Scrotal Pre scrotal Cryptorchid _____ ABN

Suture Size 0 20 30 PDS Vicryl Other _____

Hernia Repair Ear Tip Other: _____

Fluids _____ ml Lactated Ringers / Sodium Chloride SQ IV Reason _____

_____ cc Ace _____ cc Atropine _____ cc Pro Pen G _____ Ketoprofen _____ Bupivacane Splash
 _____ cc Telazol _____ Torb _____ Buprinex Other _____

HW Test -negative +positive FELV/FIV Test -negative FELV +positive FIV +positive

Fix For Life Spay & Neuter Clinic - Medical Release

Fix For Life Veterinary Clinic uses qualified staff and approved high quality medical materials for all surgical 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 under sedation. Carefully read and understand the following before signing your name.

I, being of legal age and responsible for the animal(s) brought by me to Fix For Life on this date, hereby request and authorize Fix For Life, through its veterinarians and assistants to perform sterilization surgery, provide necessary treatment and administer requested vaccinations to my pet(s).

I understand that although reasonable precautions will be taken, the operation presents some hazards and that injury or death of the animal may conceivably result, for there is some risk in the procedure and use of anesthetics and drugs used in providing the service. I also understand that vaccinations can cause adverse reactions in some animals, which may result in death.

If, in the course of treatment, a condition is discovered which requires medical attention or an additional procedure the attending veterinarian may, in his or her absolute discretion, perform such procedure.

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 conditions (including pregnancy). 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 the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected to performance of this operation due to such failure. I understand that it takes up to two weeks for vaccinations to protect my animal.

I certify that my animal is in good health and has had no food since 10:00 PM the evening prior to surgery. I understand that Fix For Life will not be performing a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative blood work and waive my right to have this service performed prior to surgery at a full-service veterinarian.

I understand that if I do not retrieve my animal(s) by the agreed upon time that Fix For Life will exercise its right to either turn the animal over to the nearest animal shelter or dispose of as deemed just and proper as allowed by the State of Tennessee under Title 63-12-134(b). I understand that once any animal has been abandoned, I relinquish all ownership rights. Owners that do not pick up pets at the agreed upon time will be charged a \$10 penalty in addition to \$10 per night boarding fees.

I have been given a copy of the (attached) postoperative care sheet and will follow all instructions.

I hereby release Fix For Life Spay & Neuter Clinic and The Humane Association of Wilson County, 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. 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 Fix For Life 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 or acts of God.

Signature: _____